

LAPSE REQUEST INSTRUCTIONS

These instructions will help you prepare your request. If you have questions about the lapse request, please visit our website at [MTRevenue.gov](https://mtrevenue.gov) for detailed instructions, call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired.

How to File Your Request

When filing your lapse request, we encourage you to file electronically through our TransAction Portal (TAP). Electronic filing is simple, secure, and convenient. To register for electronic filing, go to <https://tap.dor.mt.gov>. You will need your Account ID, account type (on-premises) and ZIP code. Once you are registered, you will be able to file and view your past requests.

If you choose not to file electronically, complete the Lapse Request Form using blue or black ink. Print your Account ID and License Number in the blocks provided.

Where to File

If you choose not to file electronically, mail your form to

Montana Department of Revenue
Alcoholic Beverage Control Division
P O Box 1712
Helena, MT 59624-1712.

Specific Instructions

Line 1. Please provide your name as the entity or individual that owns the alcoholic beverage license.

Line 2. Please provide your business name for the alcoholic beverage license business.

Line 3. Please provide your Account ID.

Line 4. Please provide your Alcoholic Beverage License Number.

Please be sure to sign and date your request if you are planning to mail it.

Lapse Request

You have two options for sending your request to us.

- ▶ Fill out your request online at MTRevenue.gov by registering on our TransAction Portal (TAP)
- ▶ Mail your request to the address listed below.

1. Name of Licensee(s) _____ Date _____

2. Business Name _____

3. Account ID

							-				-			
--	--	--	--	--	--	--	---	--	--	--	---	--	--	--

4. License Number

		-				-				-			
--	--	---	--	--	--	---	--	--	--	---	--	--	--

What you need to know:

Lapsing your license means you are giving up the license and it cannot be put back into use. If you wish to sell or serve alcohol in the future, you will need to apply for a different license.

Declaration and Affidavit

I/We, _____, as the licensee(s) of record hereby request the above license be lapsed as of the date signed below. I/We understand that no sales or service of any alcoholic beverages can occur after the date this lapse is approved by the Department.

I/We declare under penalty of false swearing that the information provided on this form and its attachments are true, correct, and complete.

Signature	Date	Printed Name	Title

Signature	Date	Printed Name	Title

This form needs to be signed by all individuals, members or partners. In the case of a corporate licensee, it may be signed by one shareholder or officer with authority to sign.