



Off-Premises Consumption Delivery Endorsement

Off-Prem_DLV
V1 1/2026

Section 1—General Information

Name of Licensee _____

License Number - - -

Business Name _____

Contact Name _____

Phone

Email

Physical Address of Licensed Premises

Street Address _____

City _____ State _____ ZIP _____

Mailing Address

Street Address or PO Box

City _____ State _____ ZIP _____

Section 2—Requirements checklist. I understand that:

- Deliveries may be made only to a residential or commercial address.
 - Delivery drivers must be an employee or independent contractor of the licensee.
 - Delivery drivers must be at least 21 years of age and have a valid driver's license.
 - Delivery drivers may not have been convicted of a felony, unless their rights have been restored, or have a driving under the influence offense in the past 7 years.
 - Delivery drivers must have completed a responsible server and sales training program or a delivery training program.
 - The person to whom the delivery is made must be at least 21 years of age.
 - The department may audit the licensee to verify compliance with laws and rules.

Refer to Section 16-4-115, MCA, for additional details.

Section 3—Declaration and Affidavit

The undersigned acknowledges that submission of this delivery endorsement application does not constitute department approval and that the delivery of alcohol may only occur after approval from the department. The undersigned further acknowledges that failure to comply with the department's laws and rules may subject the licensee to administrative action.

I declare under penalty of false swearing that I am the licensee or duly authorized representative of the licensed entity, and that the responses provided, including any accompanying information, are true, correct, and complete.

Signature x _____ Date _____

Printed Name _____ Title _____

Mail Completed Form To:

Department of Revenue
Cannabis & Alcohol Regulation Division
Attention Alcohol Licensing Bureau
PO Box 1712
Helena, MT 59624-1712

Questions? Call us at (406) 444-6900 Montana Relay at 711 for the hearing impaired.