



# Passenger Carrier License Application

PASCA  
LCD 53  
V1 6/2021

## Section 1 – General Information

*Note: If the applicant is an individual, list the individual's name below. If the applicant is a corporation, partnership, or limited liability corporations (LLC) list the entity's name below as it is registered with the Montana Secretary of State.*

Name of Applicant(s) \_\_\_\_\_

Federal Employer Identification Number   -          **OR**

Social Security Number     -   -

Name of Person Managing the Business \_\_\_\_\_

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street Address, City, State and Zip Code)

## Section 2 – Type of Transaction and Fees

Please check all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

- New License       Transfer of Ownership       Corporate Structure Change

\$300 Aircraft Passenger License Fee (annual fee is \$300)

\$300 Railroad Passenger License Fee (annual fee is \$300)

\$400 Processing Fee (*required for all transactions*)

Total Amount Enclosed      \$ \_\_\_\_\_

### Section 3 – Corporate Statement

All entities, except sole proprietorships, must provide the following information for all shareholders, members or partners (please attach additional pages if necessary).

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

#### Officers and Directors

1	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
2	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
3	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
4	Officer or Director Name	SSN
	Address	
	Date of Birth	Title

## Section 4 – Qualification Questions

1. Do you operate an aircraft passenger carrier business that serves alcohol to its passengers?  
 Yes  
 No
2. If you are applying for a railroad passenger carrier, have you attached documentation from the railroad(s) authorizing the use of the railway?  
 Yes  
 No

If you answered *no* to either of the questions above, you do not qualify for this license.

## Section 5 – Agreement Regarding Tax Payment

I understand and agree that payment of excise tax and state markup, is required of airlines or railroads operating in Montana and selling liquor purchased outside this state for consumption within the state.

- Yes  
 No

## Section 6 – Application Attachments

The following items need to be attached with your application:

- Certificate issued by the Montana Secretary of State's office that you are authorized to do business in Montana; and
- FEIN as filed with the Internal Revenue Service (IRS). You can apply for your FEIN on the IRS website at [www.irs.gov](http://www.irs.gov) by clicking on the link under Online Services.

## Section 7 – Declaration and Affidavit

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

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Signature

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Date

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Printed Name

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Title

Mail completed application and all necessary documents to:

Montana Department of Revenue  
Liquor Control Division  
PO Box 1712  
Helena, MT 59624-1712

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