



Pre-Stocking and Delivery to Accommodation Units/CCRC Delivery Endorsement Form

Pre-Stock
V2 9/2025

Section 1—General Information

Name of Licensee _____

License Number - - -

Business Name _____

Contact Name _____

Daytime Telephone _____

Email Address _____

Physical Address of
licensed premises _____

(Street Address, City, State, and ZIP Code)

Mailing Address _____

(Street Address, City, State, and ZIP Code)

What is the name and physical address of the CCRC, hotel or similar short-term lodging facility that the licensee is operating within?

Name _____

Physical Address _____

(Street Address, City, State, and ZIP Code)

Section 2—Required Fees

☐ Application Fee..... \$100
(Not applicable for CCRC Delivery Endorsement)

Section 3—Requirement Checklist

- Licensee must verify purchaser's age is 21 or older before the delivery of alcohol to guests of accommodation units or the pre-stocking of alcoholic beverages in accommodation units.
- Licensee must provide a written description of safeguards in place to prevent underage service in the pre-stocked accommodation units.
- For CCRC Delivery Endorsement – Licensee must verify the delivery is to a continuing care retirement community residents' individual living unit, a current resident of the continuing care retirement community and the person delivering is at least 18 years of age.

Any licensee or licensee's employee who pre-stocks or delivers alcohol must be in compliance with Montana's Responsible Alcohol Sales and Service Act.

Summary of Safeguards in Place to Prevent Underage Service:

Pre-Stocking and Delivery to Accommodation Units Endorsement Form (continued)

Section 4—Declaration and Affidavit

The undersigned acknowledges that submission of this pre-stocking and delivery to accommodation units or a CCRC delivery application does not constitute department approval and that the pre-stocking and delivery to accommodation units endorsement may only occur after approval by 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	Date
_____	_____
Printed Name	Title

Mail completed form to:

Department of Revenue
Alcoholic Beverage Control Division
PO Box 1712
Helena, MT 59624-1712

Questions? Call us at (406) 444-6900, Montana Relay at 711 for the hearing impaired, Fax: (406) 444-0722.