



ALCOHOLIC
BEVERAGE
CONTROL
DIVISION
MONTANA

Retail Sacramental Wine License Application

SacWine
LCD 50
V2 1/2025

General Information

If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation or limited liability corporation (LLC), list the business' name below.

Name of Applicant(s) _____

Federal Employer Identification Number

Social Security Number

Name of Person Managing the Business _____

Business Name _____

If located in Montana, Address of Premises to be Licensed

Street Address _____

City _____ State _____ ZIP _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone Cell Fax

Email

Type of Transaction and Fees

This license must be renewed on an annual basis by June 30.

Please mark the box to show the transaction of the application and include the appropriate fee.

New License Transfer of Ownership Corporate Structure Change

\$50 processing fee (*required for all transactions*)

\$100 fee for a new Sacramental Wine License only

Total amount enclosed \$_____

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

Please Print

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
(Optional)

Address _____

Date of Birth Title _____

2 Officer or Director Name _____ SSN
(Optional)

Address _____

Date of Birth Title _____

3 Officer or Director Name _____ SSN
(Optional)

Address _____

Date of Birth Title _____

4 Officer or Director Name _____ SSN
(Optional)

Address _____

Date of Birth Title _____

Questions

- 1 Do you agree to sell sacramental wine at retail, and only to rabbis, priests, pastors, ministers, or other officials of established religious organizations in Montana and exclusively for off-premises use as sacramental wine or for other religious purposes?
 Yes
 No
- 2 Do you agree to maintain records of all sacramental wine sales for at least two years, including all names and addresses of persons to whom the sacramental wine is sold, and allow the department to examine these records upon request?
 Yes
 No
- 3 Do you agree that sale of sacramental wine will only be made either on-site or delivered:
 - a directly to the religious organization's premises using the licensee's own employees and equipment;
 - b by contracting with a licensed table wine distributor; or
 - c by contracting with a common carrier which maintains an alcohol shipment program and using designated labeling on each package in accordance with [16-4-313\(3\)\(c\), MCA](#)?
 Yes
 No
- 4 Is the location to be licensed within a zone or area where the sale of alcoholic beverages is permitted by city or county ordinances?
 Yes
 No
- 5 Is the building complete and ready for use?
 Yes
 No
- 6 Do you own or are you purchasing the building proposed for licensing?
 Yes Please send a purchase agreement or current property tax bill.
 No Please send a lease agreement.
- 7 An applicant operating a business in the state of Montana must verify that the physical premises is suitable for licensure by answering the following questions?

 Yes No The layout of the premises allows for the licensee and employees to control the sale, service and distribution of the sacramental wine;

 Yes No The floor plan accurately represents the physical layout of the premises and identifies where the sacramental wine will be stored;

 Yes No The premises at _____ (physical address), meets all local building, health and fire ordinances;

 Yes No The applicant has adequate safeguards in place to prevent the sale, delivery or giving away of alcoholic beverages to the public; and the premises is physically separated by permanent walls from any other business located in the same building.
- 8 Has the licensee or any member, shareholder and or partner been convicted of a felony?
 Yes If yes, please explain _____
 No

Temporary Operating Authority, if you are operating a business in the state of Montana

You can request Temporary Operating Authority if the current premises was licensed in the last year for the sale of alcohol and if no building, health, or fire deficiencies exist. Please be aware that Temporary Operating Authority will be revoked if you or your employees violate any provisions of Montana Code Annotated or Administrative Rules of Montana.

Please enter the date you expect Temporary Operating Authority to begin

The following documents must be sent with your application:

- Federal Employer Identification Number (FEIN) as filed with the Internal Revenue Service (IRS). You can apply for a FEIN on the IRS website at irs.gov by clicking on the link under Online Services.
- A Registered Certificate of Existence, Authority, or Fact, if you are applying as a Corporation, Company, or Partnership. Please include the certificate as filed with the Montana Secretary of State's (SOS) Office if your trade name is different than your applicant name. In Montana, call (406) 444-3665 or go to <https://sosmt.gov/business/> to register the new entity and trade name.
- Request for Authorization to Disclose Tax Information form.
- **If you are an applicant operating a business in the state of Montana, you must also include:**
 - A general floor plan on an 8-1/2" x 11" sheet of paper of the area to be licensed showing where the sacramental wine will be stored, displayed, and sold, and the external dimensions. Please include the name of the establishment, physical address, and date.
 - Warranty deed, current property tax bill, lease agreement, or purchase agreement to demonstrate applicant's possessory interest in the real property.

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. I declare under penalty of false swearing that the information provided in this application is true, correct, and complete.

Signature x _____

Date

Printed Name _____

Title _____

Mail completed application and all necessary documents to:

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

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired, or email at DORAlcoholicBeverageControl@mt.gov.

**Floor Plan Exterior Dimensions and General Layout Design,
if you are operating a business in Montana**

Please use this or another 8 1/2" x 11" sheet of paper to draw your floor-plan design, showing where the wine will be stored, displayed and sold. Include the business trade name, location address and date.

Business Name _____

Address _____

Date MM DD YY YYYY