



Lottery Application

Only one lottery application per person will be accepted. "Person," as defined in ARM 42.12.401, means any individual, firm, partnership, limited liability company, corporation or association. Incomplete applications will be disqualified.

Section 1 – Lottery Type Information

Quota Area Broadwater County Tracking Number NEW1
For DOR Office Use

Lottery Type

NEW ALL-BEVERAGES LICENSE

Section 2 – Ownership Information

Legal Applicant/Entity (not the business name) _____

Contact _____ Email _____ Phone _____

Mailing Address _____

Address
City
State
Zip

Entity Type (choose one)

Corporation Partnership LLC Other _____

Sole Proprietor _____

Name
Social Security Number
Date of Birth

Section 3 – Corporate Statement

If applying as an entity, list all shareholders, members and/or partners below. Use an additional sheet of paper if necessary. Note that each person listed must be over the age of 19.

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

Section 3 – Corporate Statement continued.

Officers and Directors (Use additional sheet of paper if necessary.)

1	Officer or Director Name		SSN <i>(optional)</i>
	Address		
	Date of Birth <i>(optional)</i>	Title	
2	Officer or Director Name		SSN <i>(optional)</i>
	Address		
	Date of Birth <i>(optional)</i>	Title	
3	Officer or Director Name		SSN <i>(optional)</i>
	Address		
	Date of Birth <i>(optional)</i>	Title	
4	Officer or Director Name		SSN <i>(optional)</i>
	Address		
	Date of Birth <i>(optional)</i>	Title	

Section 4 – Declaration and Affidavit

If my application is drawn in the lottery, I understand that I must submit a completed license application and the appropriate fees within 30 days of being notified that I was the successful applicant. I further understand that information concerning ownership on this application must be consistent with the license application and supporting documents or I will be disqualified. For example, if you complete this application as an “individual,” and are the successful applicant, your subsequent license application must also be as an “individual.”

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.

_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title

You must submit this lottery application by the deadline set in the publication notice. Mail to:

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

Questions? Call at (406) 444-6900, or fax 406-444-0722.