



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 Tracking Number
For DOR Office Use

Lottery Type

RESTAURANT BEER/WINE 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 (optional)
	Address		
	Date of Birth (optional)	Title	
2	Officer or Director Name		SSN (optional)
	Address		
	Date of Birth (optional)	Title	
3	Officer or Director Name		SSN (optional)
	Address		
	Date of Birth (optional)	Title	
4	Officer or Director Name		SSN (optional)
	Address		
	Date of Birth (optional)	Title	

Section 4 – Restaurant Beer/Wine (RBW)

A **“Preference”** must be given to an applicant who does not yet have an RBW or retail beer license in any quota area and who operates a restaurant that is in the quota area in which the license has become available and that meets the definition of a restaurant for at least 12 months immediately prior to filing an application. See ARM 42.12.414.

“Restaurant” means a public eating place where individually priced meals are prepared and served for on-premises consumption, where at least 65% of the restaurant’s annual gross income from the operation must be from the sale of food and not from the sale of alcoholic beverages. The restaurant must have a dining room, a kitchen and the number and kinds of employees necessary for the preparation, cooking and serving of meals in order to satisfy the department that the space is intended for use as a full-service restaurant and that serves a dinner evening meal at least four days a week for at least two hours a day between the hours of 5 p.m. and 11 p.m. The term does not mean a fast-food restaurant that, excluding any carry-out business, serves a majority of its food and drink in throw-away containers not reused in the same restaurant.

Has your restaurant operated as a “restaurant” (as defined above) and has it operated at least 12 months immediately prior to the lottery application in the quota area in which you are applying?

Yes No (If yes, provide business name and physical address of the premises below.)

Business Name	Address	City	State	Zip

If seasonal, has your restaurant operated as a “restaurant” and has it operated at least 12 months (during your normal business season) immediately prior to the lottery application in the quota area in which are you applying?

Yes No

Section 5 – 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 to 406-444-0722.