



# LOCATION MANAGER APPLICATION

Location managers must be disclosed within 30 days of beginning location manager duties.

Licensees must receive approval for location managers who provide general oversight and ensure compliance of the alcoholic beverage and/or gambling operations.

## Licensee Information

Licensee \_\_\_\_\_ Account ID \_\_\_\_\_

Business Name (DBA) \_\_\_\_\_ Alcoholic Beverage License No. \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Location Manager Information**      **Gambling Only**      **Liquor Only**      **Gambling/Liquor Combined**

Name (First, Middle, Last) \_\_\_\_\_

Does this location manager hold 10 percent or greater ownership interest in the alcoholic beverage license?      Yes      No

If yes, no additional information is necessary.

SSN \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_

*Street, Suite No.*

*City*

*State*

*Zip*

Mailing Address \_\_\_\_\_

*PO Box or Street, Suite No.*

*City*

*State*

*Zip*

Date Location Manager Duties Began \_\_\_\_\_

Compensation \$ \_\_\_\_\_ per  hour    week    year

Other compensation \_\_\_\_\_

Is this location manager replacing another approved location manager at this premises?      Yes      No

If yes, please provide name of the location manager being replaced \_\_\_\_\_

## Management Company Information (if applicable)

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

Mailing Address \_\_\_\_\_

*PO Box or Street, Suite No.*

*City*

*State*

*Zip*

Phone \_\_\_\_\_ Email \_\_\_\_\_

Compensation \$ \_\_\_\_\_ per  hour    week    year

Please complete a Business Statement ([Form 30](#)) with the ownership and officer/director information of the management company. On-site representative should be entered in the Location Manager Information section above.

## Certification

*The undersigned acknowledges that the licensee may not transfer ultimate control or ownership of the license to a location manager and shall maintain an active participation in the business' operation to ensure the proper and lawful conduct of the business. The undersigned declares under the penalty of false swearing that undersigned is the licensee or the duly authorized representative of the licensed entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.*

\_\_\_\_\_  
*Authorized Licensee Signature*

\_\_\_\_\_  
*Printed Name and Title*

\_\_\_\_\_  
*Date*

Please submit completed application, Personal History Statement ([Form 10](#)), two complete sets of fingerprint cards and a \$27.25 fee to the address below. If the location manager holds 10 percent or greater ownership interest in the alcoholic beverage license, only the completed application is required.

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