CLEAR FORM

Montana Department of REVENUE

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.

Montana Department of Justice, Gambling Control Division
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