Clear Form

MONTANA
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Montana Department of REVENUE

Request to Purchase Non-Beverage Ingredients Containing Alcohol

Your Business Name _____ Request Date MM / DD / YYYY

Billing Address	Shipping Address

Contact Information

Contact Name	Phone Number	Email
Alternate Contact	Phone Number	Email

FEIN ☐☐ – ☐☐☐☐☐☐☐ ***OR*** SSN ☐☐☐ – ☐☐ – ☐☐☐☐ PO# _____
(Attach purchase order if available.)

► Please list type of business _____

Purpose for which product is being ordered _____

Product Description

Quantity	Size	Proof	Description (Please describe clearly.)	Gallons*

* Note: 128 ounces = 1 gallon; 1 barrel = 31 gallons; tote = 275 gallons

Supplier Information

Supplier Name		Email
Contact Name	Phone Number	Email

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

Signature _____ Date _____
(Business)

Note: For Supplier use. Complete this section and return to dorliquorcontrol@mt.gov for authorization and final approval to ship.

Order will be Filled ❑ Yes ❑ No Consumable ❑ Yes ❑ No

Denatured ❑ Yes ❑ No Invoice Number _____ (attach)

For Department of Revenue use only. Note: Will not be authorized until Supplier's section is completed and returned by Supplier.

We authorize _____ to ship the product(s) listed above to _____
(Supplier) (Business)

Department of Revenue Signature _____ Date _____

Montana Department of Revenue ♦ Liquor Control Division ♦ PO Box 1712 ♦ Helena, MT 59624-1712
Phone: 1-866-859-2254 ♦ Fax: (406) 444-0731 ♦ Email: *dorliquorcontrol@mt.gov*