



State of Montana

1 STOP



BUSINESS LICENSING

**Simple, convenient, hassle-free...
that's what "One-Stop Licensing" is intended to be.M**

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About One-Stop Licensing

Simple, convenient and hassle-free...

that's what *One-Stop Licensing* is intended to be.

During the 1997 legislative session, Montana lawmakers enacted House Bill 391 to begin the One-Stop Business Licensing project.

The idea is simple—From one centralized location, a business should be able to obtain or renew most, if not all, licenses, fees and permits required by state government.

Here are a few of the benefits of One-Stop Licensing:

- ▶ One point of contact for obtaining or renewing a majority of the licenses required to operate a business.
- ▶ One master application form to obtain or renew these licenses--no need to fill out multiple forms.
- ▶ One payment for all licenses, rather than separate payments for each license. Visa and Mastercard are accepted.

Secretary of State

If you intend to transact business in Montana and have not registered your assumed business name with the Secretary of State's office, please do so before completing the One-Stop Licensing application. For assistance, please call the Secretary of State's office at (406) 444-3665 or visit their website at <http://sos.mt.gov/Business/index.asp>. (Registration is not available through the One-Stop Licensing Program.)

One-Stop Office Information

The information in this booklet is current through May 2010. However, fees and requirements can change—if you are in doubt, please contact us.



Mail correspondence, completed application forms and payments to One-Stop Licensing, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604-8003.



Call the One-Stop Licensing Office toll free at (866) 859-2254 (in Helena, 444-6900).



Fax information or requests to (406) 444-0722. **Please note:** Because a new license application requires an original signature, it cannot be submitted by fax or phone.



Visit our website at: <http://onestoplicensing.mt.gov>, or our office at: 2517 Airport Road, Helena, Montana.

Payment Procedures

You are required to pay in full when applying for a license or renewing a license. When renewing, your payment should include any applicable late fees and penalties.

Payment Methods:

- ▶ Check - Please make your check payable to One-Stop Business Licensing.
- ▶ Credit Card - VISA and MasterCard are accepted. Please include your credit card account information in the appropriate area of the Master Application form or Master License Renewal form. You may renew *and* pay by phone with a credit card if there are no changes to your business since the previous year.

Late Fees and Penalties

Licenses are subject to late fees or penalties if payment is late. The fees and penalties are as follows:

Food Purveyor

\$25	1 day after the due date
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Off-Premises Beer and Wine

33.33%	1 day after the due date
66.66%	31 days after the due date
100%	61 days after the due date

Nursery

\$25	if fee is not paid by anniversary due date (one year from the date of issuance)
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Meters - Petroleum Dealers

50%	60 days after the due date
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Scales - Weighing Devices

<i>Standard</i>	50%	60 days after the due date
<i>On Farm (Calendar year license term)</i>	50%	penalty due after June 1

Please Note: Weighing and measuring devices may be removed from service for continued non-payment.

License Renewal Information

You will receive a renewal notice from the One-Stop Licensing Office when it is time to renew licenses for your business. The notice will list all the licenses you currently hold, along with the cost of renewing each license.

After reviewing the list, please decide which licenses to renew. Then, complete the back page of the renewal and submit one payment. You may renew using the following options:

- ▶ *Mail* the completed renewal form with your payment to the One-Stop Licensing Office, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604-8003. If paying by credit card, please include the card type and number, expiration date, name on card, and a daytime phone.
- ▶ *Deliver* the completed renewal form and payment to the One-Stop Licensing Office, 2517 Airport Road, Helena, MT.
- ▶ *Call* the One-Stop Licensing Office toll-free at (866) 859-2254 (in Helena, 444-6900) This option is available only if you have no changes to your previous years license. You will need to pay with a credit card, if you renew by phone.

Please note: Fees and requirements may change through the legislative process or administrative rule updates. If you are in doubt, please check our website at <http://onestoplicensing.mt.gov> or call us toll-free at (866) 859-2254 (in Helena, 444-6900).

Food Purveyor License for Perishable Food Dealers

Instructions for a One Stop Retail Food Establishment License

Note: A separate license is required for each location.

Food and Consumer Safety Section
Department of Public Health and Human Services
PO Box 202951
Helena, MT 59620-2951
406-444-2408

<http://www.fcss.mt.gov>

Fees

Small food establishment (maximum of 2 employees working at a time) - \$85

Large food establishment (more than 2 employees working at a time) - \$115

New Applications, Changes in Ownership, Changes in Location

1. Contact a [registered sanitarian](#) at your County environmental health office. Contacting your sanitarian early in the One-Stop application process could save you time and money.
2. Provide information requested by the registered sanitarian for review.
3. Other applicable requirements, such as zoning, business licensing, fire and building approval, will need to be met.
4. Once plans and a pre-opening inspection has been completed and approved, the registered sanitarian will notify Food and Consumer Safety Section; then your license will be issued.
5. A registered sanitarian must be notified for approval of any changes in the establishment affecting food menu items, license endorsements, location, ownership or when remodeling.

Renewals, with No Changes to Existing Licenses

When the county sanitarian notifies the Food and Consumer Safety section of the approval, your license will be renewed.

Rules for Food Service Establishments

You can obtain rules from your local environmental health office, Food & Consumer Safety Section, or at <http://www.fcss.mt.gov>.

County Sanitarians

County	Name	Email	Phone
Beaverhead	Larry Laknar	llaknar@beaverheadcounty.org	406-683-3770
Big Horn	Craig Taft	ctaft@co.bighorn.mt.us	406-665-8724
Blaine	Ron Andersen	ron@cascademontana.com	406-357-3310
Broadwater	Julie Lethert	jlethert@co.broadwater.mt.us	406-266-9209
Carbon	Greg McGann	gmcgann@co.carbon.mt.us	406-446-1694
Carter	Renee Higgins	rhiggins@prco.mt.gov	406-436-2077
Cascade	Sandy Johnson	sjohnson@co.cascade.mt.us	406-791-9275
Chouteau	Bob Stevenson	bobcetera@bresnan.net	406-622-3016
Custer	Jim Zabrocki	des@midrivers.com	406-874-3490
Daniels	Cam Shipp	cshipp@valleycountymt.net	406-228-6264
Dawson	Jeff Havens	havensj@dawsoncountymail.com	406-377-5772
Deer Lodge	Chad Lanes	clanes@anacondadeerlodge.mt.gov	406-563-4066
Deer Lodge	Karen Solberg	ksolberg@anacondadeerlodge.mt.gov	406-563-4067
Fallon	Mike Rinaldi	tmbiwod@gmail.com	406-366-1424
Fergus	Deen Pomeroy	pomedl@msn.com	406-366-0627
Flathead	Wendee Jacobs	wjacobs@flathead.mt.gov	406-751-8130
Flathead	Joe Russell	jrussel@flathead.mt.gov	406-751-8103
Gallatin	Sean Hill	sean.hill@gallatin.mt.gov	406-582-3120
Gallatin	Tim Roark	tim.roark@gallatin.mt.gov	406-582-3120
Garfield	Brian Schoof	bschoof59301@gmail.com	406-232-0273
Glacier	Ron Andersen	ron@cascademontana.com	406-873-3648
Golden Valley	Deen Pomeroy	pomedl@msn.com	406-366-0627
Granite	Chad Lanes	clanes@anacondadeerlodge.mt.gov	406-563-4066
Granite	Karen Solberg	ksolberg@anacondadeerlodge.mt.gov	406-563-4067
Hill	Clay Vincent	vincentc@co.hill.mt.us	406-265-5481 ext 268
Jefferson	Megan Bullock	mbullock@jeffco.mt.gov	406-225-4126
Judith Basin	Deen Pomeroy	pomedl@msn.com	406-366-0627
Lake	Susan Brueggeman	sbrueggeman@lakemt.gov	406-883-7236
Lewis & Clark	Laurel Riek	lriek@co.lewis-clark.mt.us	406-447-8361
Liberty	Karen Salo	ksalo@3rivers.net	406-759-5365
Lincoln	Kathi Hooper	khooper@libby.org	406-283-2442

County Sanitarians

County	Name	Email	Phone
Madison	Ralph Hamler	mcsani@madison.mt.gov	406-843-4275
McCone	Brian Schoof	bschoof59301@gmail.com	406-232-0273
Meagher	Deen Pomeroy	pomedl@msn.com	406-366-0627
Mineral	Tim Read	tread@co.mineral.mt.us	406-822-3526
Missoula	Shannon Therriault	stherriault@co.missoula.mt.us	406-258-4755
Musselshell	Deen Pomeroy	pomedl@msn.com	406-366-0627
Park	Barbara Woodbury	bwoodbury@parkcounty.org	406-222-4145
Petroleum	Deen Pomeroy	pomedl@msn.com	406-366-0627
Phillips	Mike Rinaldi	tmbwod@gmail.com	406-366-1424
Pondera	Corrine Rose	crose@3rivers.net	406-271-4036
Powder River	Renee Higgins	rhiggins@prco.mt.gov	406-436-2077
Powell	Chad Lanes	clanes@anacondadeerlodge.mt.gov	406-563-4066
Powell	Karen Solberg	ksolberg@anacondadeerlodge.mt.gov	406-563-4067
Prairie	Jeff Havens	havensj@dawsoncountymail.com	406-377-5772
Ravalli	Lea Guthrie	lguthrie@rc.mt.gov	406-375-6565
Richland	Kelly Logan	klogan@richland.org	406-433-6876
Roosevelt	Ron Smith	tcs@co.sheridan.mt.us	406-765-3458 ext 464
Rosebud	Mike Rinaldi	tmbwod@gmail.com	406-366-1424
Sanders	Melanie Shaw	mshaw@sanderscounty.mt.gov	406-827-6909
Sheridan	Cam Shipp	cshipp@valleycountymt.net	406-765-3458
Silver Bow	Dan Powers	dpowers@bsb.mt.gov	406-497-5025
Stillwater	Stephanie Moodry	smoodry@stillwater.mt.gov	406-322-8055
Sweet Grass	Barbara Woodbury	sgsant@itstriangle.com	406-222-4145
Teton	Corrine Rose	crose@3rivers.net	406-466-2150
Toole	Karen Salo	ksalo@3rivers.net	406-759-5365
Treasure	Mike Rinaldi	tmbwod@gmail.com	406-366-1424
Valley	Cam Shipp	cshipp@valleycountymt.net	406-228-6264
Wheatland	Deen Pomeroy	pomedl@msn.com	406-366-0627
Wibaux	Jeff Havens	havensj@dawsoncountymail.com	406-377-5772
Yellowstone	Joshua Juarez	joshua.jua@riverstonehealth.org	406-256-2770

This information is subject to change.

If in question, please contact Department of Revenue at 1-866-859-2254 or 406-444-0722

Nursery License

Department of Agriculture
Pest Management Bureau
PO Box 200201
Helena, MT 59620-0201

<http://agr.mt.gov/crops/nursery.asp>

Nursery Licensing Fees

A nursery license is required for businesses and individuals that distribute, sell or resell nursery stock. A nursery license is required for landscaping and lawn maintenance businesses if the business provides, plants, or installs new plants or turf, and receives payment for the plants. The license is valid for one year from the date of issue.

Businesses or individuals that sell or distribute nursery stock at more than one location only need one nursery license per tax identification number.

License fees are based on gross annual sales as reported on your tax documents. Small plant vendors who operate only in Montana and sell less than \$1000 gross annual sales of plant material are not required to get a license.

If gross annual sales are:

Less than \$1,000

Between \$1,000 but less than \$5,000

Greater than \$5,000

The license fee is:

No License Required

\$25

\$100

There is a \$25 initial application fee and late license renewals result in a \$25 late fee. Payment must be received before the last business day of the license month.

Definitions

Firm - An individual, company, partnership, association or corporation.

Landscape service - A firm that buys, sells, or resells nursery stock. "Nursery" means the business or location where nursery stock is grown or offered for sale, resale, or as part of a landscape service

Nursery Stock - Botanically classified plants or parts of plants, including but not limited to tropical potted plants, aquatic plants, cut trees and their products and turf or sod grass. The following plants and plant materials are not considered nursery stock:

- field crop plants and seeds
- pasture grasses
- cut plants not for propagation
- fruits or vegetables for human or animal consumption
- cut trees and products that are going to be processed to a point that they no longer represent a pest risk
- plant debris for disposal or processing

Small plant vendor - A Montana firm that is engaged in the business of selling or distributing nursery stock, including coniferous Christmas decorations, that grows in Montana all nursery stock offered for sale or distribution, and has gross annual sales of less than \$1,000 in a calendar year.

The Montana Code Annotated for nursery licenses can be found at: http://data.opi.mt.gov/bills/mca_toc/80_7_1.htm.

Underground Storage Tanks

Underground Storage Tank Section (UST)

Department of Environmental Quality (DEQ)
PO Box 200901
Helena MT 59620-0901

<http://www.deq.mt.gov/UST/default.mcp>

Notification of Underground Storage Tanks

Registration Fees (annual)

- \$36 per tank equal to and less than 1100 gallon capacity
- \$108 per tank greater than 1100 gallon capacity

Owners and operators of an underground storage tank (UST) and above ground storage tank with underground piping must register each tank with the Department of Environmental Quality (DEQ). UST registration fees are assessed annually. Registration fees are assessed for as long as the UST systems remain in the ground, whether or not the systems are in use. Tank systems must meet certain standards for construction and design, corrosion protection and leak detection.

Permits are required from the DEQ for tank or piping installations or closures, for modifications, linings or repairs, and for the installation of cathodic protection and vapor or groundwater monitoring wells at existing installations. Licensed installers must conduct the permitted work. Any release must be reported to DEQ within 24 hours.

A person may not use a UST without an operating permit issued by DEQ. To obtain an operating permit all current and past due registration fees must be paid and a licensed compliance inspector must inspect the tanks and certify to DEQ that the operation and maintenance of the tank complies with relevant DEQ laws and rules. It is the tank owner's responsibility to hire a private inspector to conduct the inspection. Owners and operators of a UST are to have inspections every three years.

Please complete the [Notification for Underground Storage Tanks \(Owner Change Only\)](#) form located in the back of the booklet.

Note: A notification for Underground Storage Tanks form MUST be submitted for any owner, operator, or facility information changes. DEQ requires an original document signed in ink.

Important: This form must be attached to the master application.

Administrative Rules of Montana for underground storage tanks can be found at: http://data.opi.mt.gov/bills/mca_toc/75_11.htm

Weighing and Measuring Devices

Weights and Measures Bureau

Department of Labor and Industry
PO Box 200516
Helena, MT 59620-0516
(406) 443-8065

<http://weightsandmeasures.mt.gov>

Meters and Scales

Licenses are required for all meters and scales used by businesses or individuals to weigh or measure any commodity that is bought or sold by weight or volume. For example, scales at a store used to weigh candy, meats, fruits, etc.; or meters used to measure gallons of gasoline sold. On the [Master Application](#) form, indicate each device type to be licensed and the total number of devices. Fees shown are per each individual device.

Meters - Petroleum Dealers

For gas pumps, "meters" refers to the actual number of measuring chambers, not the number of hoses or cabinets. If you have any questions about the correct number of gasoline or diesel meters at your location or their listed delivery, please contact either the company that installed the meters or the Weights and Measures Bureau at (406) 443-8065.

- PA \$21 – Retail meters, listed delivery less than or equal to 20 gallons per minute
- PB \$70 – High speed retail/wholesale meters, listed delivery 21 to 130 gallons per minute
- PC \$83 – Wholesale meters, listed delivery greater than 130 gallons per minute
- PD \$102 – LPG (propane) meters

Scales - Weighing Devices

Beginning in 2005, for record keeping purposes, scales were divided into two categories: Standard Commercial Scales, listed as "SA," "SB," "SC," "SD" or "SE" and On Farm Scales, identified as "S1," "S2," "S3," "S4" or "S5." On Farm Scales are scales located on a farm or ranch and used primarily by the farmer or rancher to weigh farm commodities such as grains, hay, livestock or produce. Standard commercial scales are located in off-farm commercial establishments, such as retail and wholesale stores and businesses. Please select the correct scale type. If you have any questions concerning scales, please contact the Weights and Measures Bureau at (406) 443-8065.

- SA or S1 \$16 – Manufacturers listed capacity 0 - 499 pounds
- SB or S2 \$26 – Manufacturers listed capacity 500 - 1,999 pounds
- SC or S3 \$51 – Manufacturers listed capacity 2,000 - 7,999 pounds
- SD or S4 \$130 – Manufacturers listed capacity 8,000 - 60,000 pounds
- SE or S5 \$225 – Manufacturers listed capacity greater than 60,000 pounds

The Montana Code Annotated for weighing and measuring devices can be found at: http://data.opi.mt.gov/bills/mca_toc/30_12.htm and at http://data.opi.mt.gov/bills/mca_toc/82_15.htm

Please note: At the time of printing the One-Stop Business Licensing booklet, the Weights and Measures Bureau of the Department of Labor and Industry was reviewing and updating Administrative Rules of Montana. These updates may include changes to licensing fees. Please visit <http://onestoplicensing.mt.gov> for the most current fee rates.

Tobacco Products

Department of Revenue
Business and Income Tax Division
Miscellaneous Tax Unit
PO Box 5805
Helena, MT 59604-5805

http://revenue.mt.gov/forbusinesses/onestop_licensing

Tobacco Products Retailer – \$5 Annual Fee

This license is for businesses that sell tobacco products to the consumer. A retailer license is required for each physical location where tobacco products are sold over the counter or through a vending machine.

Tobacco Products Vendor – \$50 Annual Fee

This license is for businesses that own and operate 10 or more cigarette vending machines.

Tobacco Products Wholesaler – \$50 Annual Fee

This license is for wholesale distribution businesses that purchase and affix tax stamps to cigarettes and offer to sell tobacco products to licensed subjobbers, retailers or vendors.

Tobacco Products Subjobber – \$50 Annual Fee

This license is for wholesale distribution businesses that purchase stamped cigarettes from licensed wholesalers and offer to sell tobacco products to a licensed retailer or vendor.

After you complete and send your [One Stop Master Application \(Form MA\)](#), the Department of Revenue may contact you for additional information about your distribution and sales of tobacco products.

Fair Trade Laws

Montana is a fair trade state. Before you sell cigarettes in Montana, you will need to verify that the manufacturer has provided the base cost, before taxes or discounts, to the Department of Revenue and that the department has established the wholesale and retail minimum price. The department periodically updates this minimum price list, which can be found on our website in the forms and resources section at <http://revenue.mt.gov>.

Master Settlement Agreement

Montana is a signatory of the National Tobacco Master Settlement Agreement (MSA). Tobacco product brands sold in Montana are required to be approved by the Department of Justice. As a licensed retailer, vendor, subjobber or wholesaler, you cannot stamp or sell brands of cigarettes and roll-your-own tobacco from manufacturers who are not participants of the Tobacco MSA. Detailed information concerning Montana's MSA are available on the department website in the forms and resources section at <http://revenue.mt.gov>.

Stamping Equipment

The department purchases tax stamps from Meyercord Company. You can call Meyercord about stamping equipment at (630) 682-6200.

Reporting Requirements

Tobacco product tax payments and returns are required to be filed monthly with the Montana Department of Revenue. Tax returns and tax stamps are managed by the Miscellaneous Tax Unit of the Department of Revenue. If you have further questions, you can call the Department of Revenue toll free at (866) 859-2254 (in Helena, 444-6900).

Administrative Rules of Montana for tobacco products can be found at <http://www.mtrules.org>.

Off-Premises Beer and Wine License

Liquor Control Division

Department of Revenue
PO Box 1712
Helena, MT 59624-1712

Off-Premises Beer and Wine License Fees

- Non-Refundable Processing fee \$100
- Beer \$200
- Wine \$200
- Beer and Wine \$400

Off-Premises Beer and Wine Application

Please complete the following forms for processing your Off-Premises Beer and Wine License Application. Please read all instructions and answer all questions.

The following forms and information are included at the back of this booklet:

- Off-Premises Application Check List
- Off-Premises Beer and Wine Application
- Grocery Inventory (Form G-1)
- Floor Plan (Form F-1)

The following forms are available from the Department of Revenue Website in the downloadable forms and resources section at http://revenue.mt.gov/forbusinesses/alcohol_beverage_control/Liquor_Licensing/default.mcpX or by calling the department toll free at (866) 859-2254 (in Helena, 444-6900).

- Department of Revenue Good Standing Verification certificate(s) when you complete the [GSV form\(s\)](#) by the buyer and seller (as an entity with shareholder(s), member(s), partner(s) or as an individual).
- Alcohol, Tobacco, Tax and Trade Bureau TTB tax registration form ([ATF-F-5630.5d](#)).
- [Personal History Statement Form](#).
- Fingerprint Cards. This form is not available on our website, it must be requested from us toll free at (866) 859-2254 (in Helena, 444-6900).
 - Each individual involved in ownership or management needs a set of fingerprint cards.

The Montana Code Annotated for off-premises beer and wine licenses can be found at the Department of Revenue Website in the Alcohol Beverage Tax & License section at http://revenue.mt.gov/forbusinesses/alcohol_beverage_control/Liquor_Licensing/default.mcpX.

Master Application

Please check appropriate box(es) and complete all applicable information. Current UID number* _____

- Registration of a new One-Stop business.**
- Purchase of a One-Stop business.** Effective date _____ Previous owner's UID number* _____
- Addition of a new DBA (physical) location to a One-Stop business.**
- Addition of a new license to a One-Stop business.**
- Relocation to a new physical location.**
- Change of address.** Is this a 911 change? Yes No
- Corporate structure change.**

* Your UID number (unique identifier number) is located at the upper right-hand section of your One-Stop license or renewal.

Section I - Business Information

Company or Owner Name: _____

Federal Employer Identification Number (FEIN) or Social Security Number: _____ **(Required)**

Business Mailing Address _____ City _____ State _____ ZIP + 4 _____

Assumed business name/DBA/trade name, etc.: _____

Business Location Address (cannot be a post office box) _____ City _____ State _____ ZIP + 4 _____

County _____ Business Phone _____ Fax Number _____

E-mail address (optional): _____

Description of business transacted under the assumed business name: _____

Type of business: (please check one and provide additional information as appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> S corporation |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Association (attach names and addresses) |
| <input type="checkbox"/> C corporation | <input type="checkbox"/> Limited Liability Partnership (attach names and addresses) |
| <input type="checkbox"/> Nonprofit C corporation | <input type="checkbox"/> Partnership (attach names and addresses) |

Important: Please complete Section II (other side of form), if applicable. In all situations, complete signature information. All coordinating applications/affidavits must be completed and attached for processing.

License Fee Information is on other side of this form.

Signature of sole proprietor, all partner(s), corporate officer(s), or limited liability manager(s) or member(s).

I (we), the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the matters and things set forth are true, correct and complete.

Signature(s) required. If a corporation, corporate officer must sign.	Title	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and home addresses of all owners on the application are required. For corporations, the names and home addresses of the corporation's principal executive officers (president, vice-president, secretary and treasurer) and members of the board of directors are required. (Attach additional sheet if necessary.)

Name	Home Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please mail completed form to: One-Stop Licensing, PO Box 8003, Helena, MT 59604-8003

Questions? Call us toll free (866) 859-2254 (In Helena, 444-6900), FAX: (406) 444-0722

Montana Department of Environmental Quality

Notification for Underground Storage Tanks

Facility ID Number:

Contact the Department: (406) 444 -5300 or via the internet at ustprogram@mt.gov

INSTRUCTIONS

Please **type or print in ink** all items except "signature" in Section IV. This form must be completed for each location containing underground storage tanks.

TYPE OF NOTIFICATION

A. CHANGE OF OWNER

B. AMENDED OWNER INFORMATION

GENERAL INFORMATION

Notification is required for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986.

Who Must Notify? Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM) require that, unless exempted, owners of underground tanks that store regulated substances must notify designated State and local agencies of the existence of their tanks.

Owner means -

- (a) in the case of an underground storage tank in use on November 8, 1984 or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances and
- (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.

An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.

Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given for which false information is submitted. Criminal penalties may also apply.

I. OWNERSHIP OF TANKS				II. OPERATOR OF TANKS					
Owner Name (Corporation, Individual, Public Agency, or Other Entity)				Operator Name					
Mailing Address				Operator Address					
PO Box				City		State		Zip Code	
City		State		Zip Code		Phone number ()			
County		Phone Number ()		Email Address					
Federal Tax ID #									
III. LOCATION OF TANKS									
Facility Name or Company site identifier, as applicable					Street address or physical location (PO Box not acceptable)				
Phone Number ()		Fax Number ()		City		State		Zip Code	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO				()	
Latitude	Longitude	Tribal Owned	Tribal Land	Within Reservation Boundary	Contact Person			Phone Number	
IV. CERTIFICATION									
I certify under penalty of law that the submitted information is true, accurate, and complete.									
Name and official title of owner or owner's representative(Please print below)					SIGNATURE (below)				
Date Signed									

Retail Off-Premises Consumption Beer and Wine License Information and Checklist

You may find the application and other necessary forms on the Department of Revenue website at <http://revenue.mt.gov/formsandresources/downloadable-forms/one-stop-licensing.mcp> and <http://revenue.mt.gov/formsandresources/downloadable-forms/liquor-licensing.mcp> or by calling us toll free at (866) 859-2254 (in Helena, 444-6900). The Montana Code Annotated for Off-Premises Beer and Wine License can be found at http://data.opi.mt.gov/bills/mca_toc/16.htm.

When your Off-Premises beer and wine application is received by One Stop Licensing:

We will contact you by letter when we receive your application to either request additional documents or let you know that your application meets our initial requirements. To process this type of application, it takes about 45 to 60 days once we receive a complete application. When we receive the documents needed to make a complete application, we will give notice to the local officials that we have received your application. If the premises has been licensed within the last year for the sale of beer or wine, and no building, health or fire deficiencies exist, you can request Temporary Operating Authority, (please see Section 6 of the application).

When your application is for a transfer of location or for a location that has never been licensed to sell beer or wine:

These types of applications are not eligible for Temporary Operating Authority. Please contact your local building, health, and fire officials to arrange for the inspections (required prior to approving your application), and ask that they contact us when the inspections are complete.

To avoid delays, please review this list carefully to help you complete this application.

1. A Retail Off-Premises Consumption Beer and Wine License Application;
2. A Grocery Inventory Form (Form G-1) or a copy of your current pharmaceutical license;
3. A Floor Plan Form (Form F-1) detailing the outside dimensions, general layout, and areas where beer and wine will be stored and sold. Please label the floor plan with the date, trade name, and address of premises to be licensed;
4. A lease agreement, purchase agreement or property tax bill verifying the applicant has possessory interest of the real property where the business is located;
5. If the business trade name is different than the applicant's name, please include a copy of the Assumed Business Name as filed with the Secretary of State's (SOS) Office by calling (406) 444-3665 or go to <http://sos.mt.gov/Business/Forms/index.asp> to download a registration application;
6. If you are applying as a Corporation or Company, LLC, or LLP please include the Certificate of Existence as filed with the Secretary of State's (SOS) Office by calling (406) 444-3665 or go to <http://app.mt.gov/bes/instruct.html> to get instructions to register by mail or on-line;
7. If you have not had a background check in the last year, please provide a background check processing fee of \$27.25, Personal History Statement(s), and two (2) Fingerprint Cards for each individual involved in the ownership and management of the license. Please contact our office toll free at (866) 859-2254, (in Helena) at (406) 444-6900 and we will mail the fingerprint cards to you. You can take your blank fingerprint cards to a local law enforcement agency or to the Montana Department of Justice for fingerprinting (Local officials may charge separate fee for this service);
8. If you have a manager, please include a management agreement(s), which must include the manager's SSN or FEIN, name, date of birth, address, telephone number, amount of compensation and specific duties. Please refer to (Administrative Rules of Montana, ARM 42.12.132) at http://revenue.mt.gov/content/formsandresources/administrative_rules/Current_Department_Rules/Chapter12/Sub-Chap_01.doc;
9. A bank signature card for the business bank account having the same applicant name and Federal Tax I. D. Number as on your application;
10. A Department of Revenue Good Standing Verification certificate when you complete the GSV form that can be found at our website <http://revenue.mt.gov/formsandresources/downloadable-forms/liquor-licensing.mcp>.
11. If you have not registered your business with Alcohol and Tobacco Tax, and Trade Bureau (TTB), all alcohol beverage dealers must file TTB F 5630.5d before commencing operations for the first time, there is a change since your last registration or when you discontinue business; This is an annual tax due before starting business and by July 1st each year after. If you have questions regarding the repeal of SOT or prior tax periods, please contact TTB's National Revenue Center at (800) 937-8864 or (513) 684-2979;
12. A One Stop Master Application.



Montana Retail Off-Premises Consumption Beer and Wine License Application

Section 1 – General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation or limited liability company (LLC), list the business entity name below.

Name of Applicant(s) _____ FEIN/SSN _____

Contact Person _____

Trade Name of Business _____

Physical Address of Premises to be Licensed _____
(Street Address, City, State)

Is the physical address located within the *city limits* or *county area*? (please circle one).

Mailing Address _____
(Street or PO Box, Address, City, State and Zip Code)

Telephone _____ Fax _____

Section 2 – Type of Transaction and Fees

(This license must be renewed on an annual basis. The fees are \$200.00 for beer, \$200.00 for wine and \$400.00 for beer and wine.)

Please check the box that applies to the type of application you are completing and include the fee for the type of license you are applying for:

- New License
 - \$ 100.00 One-time Off-Premises Processing Fee (non-refundable)
 - \$ 200.00 Beer License Fee
 - \$ 200.00 Wine License Fee
 - \$ 400.00 Beer and Wine License Fee
 - \$ 27.25 Background Check Processing Fee for each individual (non-refundable)

Office Use Only
Amount Paid \$ _____
Amount Owed \$ _____
New License Number _____
Account Number _____

- Transfer of Location Corporate Structure Change
 - \$ 100.00 Transfer of Location or Corporate Structure Change Processing Fee (non-refundable)
 - \$ 27.25 Background Check Processing Fee for each individual (non-refundable)

Current License Number _____

Section 3 – Corporate Statement

All entities except sole proprietors and individuals please complete the following information for all shareholders, members or partners (please attach additional pages if necessary).

Please Print

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

Officers and Directors

Name	Address	Title

Section 4 – Questions

- 1. Is this premises proposed for licensing going to be operated as a
 Grocery Store? Drugstore?
- 2. Is the building complete and ready for use?
 Yes No If “No” please provide expected date of completion _____
- 3. Is the location to be licensed within a zone or area where the sale of alcoholic beverages is not allowed by city, county, or tribal ordinances?
 Yes No
- 4. Do you own or are you purchasing the building proposed for licensing?
 Yes No

Section 5 – Manager Information

Name of the person managing the business _____

Is this person a shareholder, member or partner?

- Yes No If you answered “No” please include your management agreement with this application and enter the date of hire _____

Section 6 – Temporary Operating Authority

Temporary Operating Authority can be requested if the current premises was previously licensed in the last year for the sale of alcohol, and no building, health or fire deficiencies exist. Please be aware that Temporary Operating Authority will be revoked if you or your employees violate any provisions of Montana Code Annotated or Administrative Rules of Montana.

Please provide the expected date that Temporary Operating Authority will begin _____

Section 7 – Declaration and Affidavit

This application needs to be signed by all individuals, partners or members. In the case of a corporate applicant, it may be signed by one shareholder or officer with authority to sign.

I/We declare under penalty of false swearing that the information provided on this application and its attachments are true, correct and complete.

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

Mail completed application and all necessary documents to:

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

Questions? Call us toll free at 1-866-859-2254 (in Helena, 444-6900), or Fax (406) 444-0722.

Grocery Inventory

A retail license to sell beer or table wine in the original package for off-premises consumption may only be issued to a qualified applicant whose premises proposed for licensing is operated as a "bona fide grocery store" or a drug store licensed as a pharmacy, Montana Code Annotated (MCA), 16-4-115(1). A "bona fide grocery store" is defined in Administrative Rules of Montana, (ARM), 42.12.106 (2).

A retail inventory of \$3,000 will be used as a basis to determine whether your establishment qualifies as a "bona fide grocery store" and must be maintained at all times and have available at least three different types of items in each of the food categories below.

Please list the three different types of food and household items from your retail inventory that you must sell for consumption off-premises.

(Example of three food types in the *meat* category are: canned tuna, bologna or beef jerky; examples in the *vegetables* category are: canned peas, fresh lettuce or frozen corn.)

Meats	_____	_____	_____
Vegetables	_____	_____	_____
Fruits	_____	_____	_____
Bakery Items	_____	_____	_____
Dairy Products	_____	_____	_____
Household Supplies	_____	_____	_____

Please enter the retail inventory dollar amount of your grocery inventory. \$ _____

I certify the retail inventory to be true, correct and complete.

Business Trade Name

County

Date

Signature

Floor Plan Exterior Dimensions and General Layout Design

We will accept a prepared design layout on a 8-1/2" x 11" sheet of paper that includes the business trade name, location address and date, or you may use this form to draw your floor plan design.

Business Trade Name

Address

Date