Montana Department of REVENUE

MONTANA
LOTAPP
LCD 33
Rev 03 15

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 **Billings** Tracking Number **RBW1**
For DOR Office Use

Lottery Type

☒ **RESTAURANT BEER/WINE** (must also complete Section 5)

Section 2 – Ownership Information

Legal Applicant/Entity (not the business name)_____

Contact _____ Email _____

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, please list all shareholders, members, and/or partners below. Use an additional sheet of paper if necessary. Please 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 – Floater Application Requirements Only

"Floater" means an "all-alcoholic beverages license that may be transferred to a new location outside the quota area for which it was originally issued." This type of license cannot be mortgaged or sold for five years after the transfer. A floater license which is issued as the result of a lottery will have a gaming restriction.

Has the applicant applied for a "Floater" All-Alcoholic Beverages lottery within the previous 12 months?

☐ Yes ☐ No (If *yes,* you do not qualify for entry in this lottery.)

Does the applicant have ownership interest in two or more All-Alcoholic Beverages license?

☐ Yes ☐ No (If *yes,* you do not qualify for entry in this lottery.)

"Irrevocable letter of credit" means a letter of credit in which the issuing bank guarantees that it will not withdraw the credit or cancel the letter for a one year period. **If a letter of credit is not attached, the application will be disqualified.** Bank, retirement or investment account statements do not qualify as an "Irrevocable letter of credit."

☐ Attached is an irrevocable letter of credit from a financial institution that guarantees available credit in the amount of $100,000.

Section 5 – RESTAURANT BEER/WINE (RBW) ONLY

*A "**Preference**" must be given to an applicant who does not yet have in any quota area a RBW or retail beer license 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.*

*"**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

Seating: ☐ 60 or less
☐ 61-100
☐ 101 or more

Section 6 – 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 (60 days for a "floater") 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 by mailing 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.