



Application to Add Wine or Beer to Distributor/Wholesaler License

You have two options for sending your request to us.

- ▶ Fill out your request online at *revenue.mt.gov* by registering on Taxpayer Access Point (TAP).
- ▶ Mail your request to the address listed below.

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

Section 1 – General Information

Name of Licensee(s) _____

Doing Business As _____

License Number - - -

Section 2 – Required Fees and License Information

Annual License Fee..... \$400

One-Time Processing Fee..... \$100

Total Due \$500 Total Enclosed \$ _____

Currently licensed as (please check one) Beer Wholesaler or Table Wine Distributor

Section 3 – Declaration and Affidavit

Section 16-4-402, MCA, states “[U]pon proof that an applicant made a false statement in any part of [an] application ... , the application for the license may be denied, and if issued, the license may be revoked.” The application must 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 is true, correct and complete.

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

