Montana Department of REVENUE

MONTANA
SPVetFr
Rev. 09-09

Montana Application for Special Permit (Veterans'/Fraternal Organizations)

A copy of your IRS tax-exempt certificate must be attached or on file with the department.

Please send your complete application and the appropriate fee to us at least ***three (3) days*** *before your event.*

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' name below.

Name of Post or Lodge _____ FEIN _____

Contact Person _____

Telephone _____ Fax _____

Physical Address of Post or
Lodge Where Event Will be Held _____
(Street Address, City, State)

Date(s) for which Special Permit is requested _____

Type of Event _____

Section 2 - Type of Permit and Fees

(*Limited to a total of 12 permits per year*)

$10 per day – Beer and Table Wine Special Permit

$20 per day – All Beverage Special Permit

Total Amount Enclosed $ _____

Office Use Only: *Account Number* _____
*Amount Paid $*_____ *Amount Owed $*_____
*Tax-Exempt Certificate Yes*_____ *No*_____
Permit Number _____
*Number of Permits*_____ *of*_____

Section 3 – Questions

1. Please check one. The applicant is:
   - ☐ A post of a nationally chartered veterans' organization
   - ☐ A lodge of a recognized national fraternal organization
2. Who will be in charge of and responsible for operations conducted under the Special Permit?

   _____

Name of Post or Lodge _____

Section 4 – Local Law Enforcement

Please have your local law enforcement official complete this section prior to sending in your application.

I,_____ , hereby ☐ **Approve** ☐ **Disapprove** the above event.

_____	_____	_____
Signature	Title	Date

Section 5 - Declaration and Affidavit

We will close our business for the days approved for the permit. We will sell alcoholic beverages only to our members and their guests during the special permit.

We will follow all the laws, rules and ordinances relating to the sale of alcoholic beverages. We understand that a violation of any law or rule relating to the sale of alcoholic beverages will be reason to revoke the permit. Any authorized employee of the department, its representative or any peace officer will have the right to examine the location of the event at any time.

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

Mail completed application and all necessary documents to:

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

Questions?

Contact us by:

Phone: Toll Free at 1-866-859-2254 (in Helena, 444-6900)

Fax: (406) 444-0722