MONTANA
GAMBLING CONTROL

CANNABIS & ALCOHOL REGULATION DIVISION
MONTANA

For faster submission and processing,
apply on the TransAction Portal (TAP) https://tap.dor.mt.gov
OR follow instructions below.

Combined Gambling/Alcohol or Gambling Only Application

Mail application, corresponding documents, and
*check(s) made payable to:

Montana Department of Justice
Gambling Control Division
615 South 27th Street, Suite A
Billings, MT 59101
Phone: (406) 896-4300
Fax: (406) 896-4308
Email: gcd@mt.gov
Web: https://dojmt.gov/gaming

Alcohol Only Application

Mail application, corresponding documents, and
*check(s) made payable to:

Montana Department of Revenue
Cannabis and Alcohol Regulation Division
PO Box 1712
Helena, MT 59624-1712
Phone: (406) 444-0596
Montana Relay: 711 (for assistance communicating by phone)
Email: DORCARD@mt.gov
Web: https://revenue.mt.gov/card

***Confirm checks are made out to the correct agency to avoid delays**

MONTANA DEPARTMENT OF REVENUE

Alcoholic Beverage/Gambling Operator Short Form

Form 37/39
V3 6/2026

Clear Form

SECTION I – Purpose and Fees

Certain transactions may be reported to the department(s) on an amended application form. See the list below and make the appropriate selection. Clicking the link should open a PDF document which contains instructions and a checklist of the required documents that must be submitted with the application. The Gambling Control or Cannabis and Alcohol Regulation Division may require the applicant to send additional documents or information while processing the application. If you have trouble accessing the checklist, contact GCD at (406) 896-4300.

- ☐ *Alcoholic Beverage License Type Change
- ☐ *Business Entity Type Change
- ☐ Change in Ownership or Disclosure of a New Owner (Alcoholic Beverages only – less than 15%)
- ☐ Death of a Licensee
- ☐ Divorce Among Licensees
- ☐ *Foreclosure (Intending to Operate with Alcoholic Beverages)
- ☐ *Foreclosure (Not Intending to Operate)
- ☐ Gifting Among Licensees
- ☐ *Increase of Current Ownership Interest (from less than 15% increasing to more than 15%)
- ☐ Sale Among Licensees
- ☐ Transfer of Location for Gambling Manufacturer, Distributor, Route Operator
- ☐ *Transfer of Location for On Premises (ONP) / Gambling Operator Account (GOA) / Wholesaler & Distributor (WSL) / Brewery (DBR) / Distillery (DSM)

Is the premises ready for use?	☐ Yes	☐ No	
Newly constructed?	☐ Yes	☐ No	Date of Completion M M D D Y Y Y Y
Is this a remodel of existing premises?	☐ Yes	☐ No	Date of Completion M M D D Y Y Y Y
Within 600 feet of a church or school?	☐ Yes	☐ No	
Within 150 feet of another licensed premises?	☐ Yes	☐ No	
Operated under a concession agreement?	☐ Yes	☐ No	

Note: ARM 42.12.133 requires certain signage for premises operated under a concession agreement.

*There is a $200 processing fee which applies to alcoholic beverage licenses only. These transactions require Department of Revenue to publish a notice in the local newspaper.

Reason for Application

SECTION II - General Information

Name of Current Licensed Entity _____
(Sole Proprietor/Partnership/Corporation/LLC/LLP)

Current Business Name (DBA) _____ FEIN

Name of New Entity (if applicable) _____

New Business Name/DBA (if applicable) _____ FEIN

Account ID _____ – _____ – _____ Current License # _____ – _____ – _____ – _____

Physical Address
Street _____

City _____ State _____ ZIP _____

Proposed Address (if applicable**)**
Street _____

City _____ State _____ ZIP _____

Mailing Address
Street or PO Box _____

City _____ State _____ ZIP _____

Business Phone _____ Cell Phone _____

Email _____

Preparer Contact Information

☐ Check this box and complete the information below if you wish to have all correspondence regarding this application sent to the preparer who submits this form on your behalf.

Preparer Name _____ Phone _____

Email _____

Mailing Address
Street or PO Box _____

City _____ State _____ ZIP _____

SECTION III - Declaration and Authorization

I, _____ , declare under the penalty of false swearing that I am the applicant or duly authorized representative of the entity making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct, and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Montana Code Annotated 45-7-202, 45-7-203, and 45-7-208, and revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure, and release to any duly authorized officer, agent, or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling or alcoholic beverage licensure, whether the records are of a public, private, or confidential nature.

Signature x _____ Date MMDDYYYY

Printed Name _____