CITY OF GREAT FALLS
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8414
FAX 406-454-3181

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

BUSINESS NAME_____

BUSINESS ADDRESS_____

CITY_____STATE_____ZIP CODE_____

BUSINESS #_____EMAIL ADDRESS_____

STATE OF MONTANA LIQUOR LICENSE #_____
(PLEASE INCLUDE A COPY OF YOUR STATE OF MONTANA LICENSE)

BUSINESS OWNER'S NAME_____
First Name Initial Last Name

OWNER'S ADDRESS_____

CITY_____STATE_____ZIP CODE_____

HOME PHONE_____

Please circle if this is a partnership, corporation, or sole proprietor; list the name, address & phone number of each partner or officer:

_____
_____
_____
_____

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☐ **$100.00 LICENSE TRANSFER FEE**

☐ **$200.00 BEER LICENSE**

☐ **$200.00 WINE LICENSE**

☐ **$400.00 BEER/WINE LICENSE**

☐ **$600.00 BEER/WINE LICENSE & CATERING ENDORSEMENT**

☐ **$500.00 ALL-BEVERAGE LICENSE**

☐ **$656.25 ALL-BEVERAGE LICENSE & CATERING ENDORSEMENT**

CERTIFICATION
I HEREBY CERTIFY THAT I HAVE FILLED OUT THE ATTACHED APPLICATION TO THE BEST OF MY KNOWLEDGE.

_____ _____
DATE SIGNATURE OF OWNER