



**ALCOHOLIC BEVERAGE
LICENSE APPLICATION**

**CITY OF GREAT FALLS
PO BOX 5021
GREAT FALLS, MT 59403
OFFICE 406-455-8430
permit@greatfallsmt.net**

BUSINESS NAME _____

Type of entity: Corporation LLC LLP Other (Describe) _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ EMAIL ADDRESS _____

STATE OF MONTANA LIQUOR LICENSE # _____

(PLEASE INCLUDE A COPY OF YOUR STATE OF MONTANA LICENSE)

OWNER NAME _____ PHONE # _____

OWNER ADDRESS _____ CITY/STATE _____ ZIP _____

PLEASE INCLUDE ALTERNATE CONTACT INFORMATION FOR AN AUTHORIZED INDIVIDUAL:

SPECIALTY LICENSE (VARIABLE FEE) DATES _____

\$100.00 LICENSE TRANSFER FEE

\$200.00 BEER LICENSE

\$200.00 WINE LICENSE

\$400.00 BEER/WINE LICENSE

\$500.00 ALL-BEVERAGE LICENSE

\$600.00 BEER/WINE LICENSE & CATERING ENDORSEMENT

\$656.25 ALL-BEVERAGE LICENSE & CATERING ENDORSEMENT

CERTIFICATION

By signing this document, I certify that I am eighteen (18) years of age or older and an agent of and authorized to bind the Business.

SIGNATURE

DATE