



BUSINESS LICENSES GUIDE

GO TO eStop.mt.gov TO APPLY, RENEW AND PAY FOR YOUR LICENSES ONLINE.

SIMPLE, CONVENIENT AND SECURE.

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About eStop Licenses

Simple, convenient and secure services available online.

eStop Business Licenses Online Services (eStop.mt.gov) lets certain businesses apply or renew up to eight state licenses all at once with one payment.

eStop Business Licenses Offered

- **Montana Lottery**
- **Retail food establishment**
- **Tobacco products and alternative nicotine or vapor products**
- **Beer and wine retail sales**
- **Nursery**
- **Petroleum dealer (meters)**
- **Weighing device (scales)**
- **Underground storage tanks**

This method of licensing is especially convenient for grocery and convenience stores with gas pumps. Businesses can get food, tobacco, beer and wine, and petroleum-related licenses all at once.

Questions? Call eStop Business Licenses at (406) 444-6900, fax us at (406) 444-7723 or email estop@mt.gov.

Montana License Lookup

eStop Business Licenses include just eight of the hundreds of state licenses. For a comprehensive A to Z list of all Montana licenses visit Montana License Lookup (<http://license.mt.gov>)

Secretary of State

If you intend to transact business in Montana and have not registered your assumed business name with the Secretary of State's office, do so before completing the eStop Business Licenses application. For assistance, call the Secretary of State's office at (406) 444-3665 or visit <http://sos.mt.gov/Business/index.asp>. (Registration is not available through the eStop Licenses Program.)

eStop Contact Information

Mail correspondence, completed application forms and payments to eStop Business Licenses, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604-8003.

Call eStop Business Licenses toll free at (406) 444-6900.

Fax information or requests to (406) 444-7723.

Visit eStop.mt.gov or our office at 340 N Last Chance Gulch, Helena, Montana.

Payment Methods

- Pay and renew online using [eStop Business Licenses Online Service](http://eStop.mt.gov).
- Check - Please make your check payable to eStop Business Licenses.

Late Fees and Penalties

Licenses are subject to late fees or penalties if payment is late.

Retail Food Establishment	\$25	1 day after the due date
Off-Premises Beer and Wine	33.33%	1 day after the due date
	66.66%	31 days after the due date
	100%	61 days after the due date
Nursery	\$25	if fee is not paid by anniversary due date (one year from the date of issuance)
Meters - Petroleum Dealers	50%	60 days after the due date
Scales - Weighing Devices		
	Standard	50% 60 days after the due date
	On Farm (Calendar year term)	50% penalty due after June 1

Please Note: Weighing and measuring devices may be removed from service for continued non-payment.

License Renewal Information

You will receive a renewal notice from eStop Business Licenses when it is time to renew your business licenses. The notice will list the licenses you currently hold, along with the cost of renewing each license.

- Renew online at eStop Business Licenses Online Service. You can also choose to receive your next renewal by email.

If you renew on paper, be sure to complete the back page of the renewal if applicable and submit one payment.

- *Mail* the completed renewal form with your payment to eStop Business Licenses, c/o Montana Department of Revenue, PO Box 8003, Helena, MT 59604-8003.
- *Deliver* the completed renewal form and payment to eStop Business Licenses, 340 N Last Chance Gulch, Helena, MT.

Please note: Fees and requirements may change through the legislative process or administrative rule updates. Check our website at estop.mt.gov or call us at (406) 444-6900.

Lottery Licenses

Montana Lottery
2525 North Montana Avenue
Helena, MT 59601
444-5825
<http://www.montanalottery.com>

Fees

Traditional Lottery License	\$50.00	one-time licensing fee
MSA License	\$75.00	annually

The process to become a licensed Lottery retailer begins with submitting an eStop Master Application, a Lottery application and submitting a \$50 application fee. The next steps in the process involve information gathering and background checks. Once the Lottery application has been approved, the Montana Lottery will place a lotto terminal in the retailer's establishment. The Lottery retailer must provide prominent space for the terminal and scratch ticket dispenser(s) at an agreed-upon location in the store. The Lottery's Sales Rep will guide you on the best placement for the Lottery equipment. All equipment is provided by the Lottery at no charge to the retailer.

Becoming a Montana Lottery Retailer is Easy

Becoming a Montana Lottery Retailer is a very rewarding experience for a retailer, their customers as well as the state of Montana. In order to participate as a Lottery Retailer, a Lottery license is required. The Montana Lottery has two types of licenses available: the Traditional License and the new Montana Sports Action License (MSA) (the MSA licenses allow a retailer to sell Fantasy Football and Fantasy Racing).

Space Requirements for Lotto Installation

- Lotto terminal 15" W x 17" D x 19" H
- Printer 6 " W x 9" D x 6" H
- Scratch ticket dispenser(s) depending on scratch ticket strategy used

An electrical duplex-grounded outlet, operational 24 hours per day, and a 20-amp circuit breaker must be provided by the retailer.

Lottery retailers are required to sell both terminal-generated tickets and scratch tickets and must meet or exceed the minimum sales requirements for a combination of terminal-generated and scratch tickets. Winning terminal-generated and scratch tickets are redeemed by the retailer during all hours and days the store is open. Retailers are responsible for paying each valid winning ticket claim of \$599 or less.

To apply for a lottery license:

- Complete the eStop Master Application
- Complete the Lottery Retailer Application
- Complete the Personal Data Form
- Include the EFT Authorization and a voided check
- Include a W-9 Form
- Read the Montana Sports Action Addendum (if applying for MSA)
- Submit the necessary forms
- Pay the applicable fee—\$50 for traditional retailers and \$75 per year for MSA retailers
- Watch the customers—and the profits—roll in

Lottery forms, requirements and more information regarding Lottery Licensing can be found at <http://www.montanalottery.com/forms/Application.pdf>.

Retail Food Establishment License

Food and Consumer Safety Section
Department of Public Health and Human Services
PO Box 202951
Helena, MT 59620-2951
email: HHSFCS@mt.gov
<http://www.dphhs.mt.gov/publichealth/fcs/>

Fees

Small food establishment	\$85	one or two employees working at any one time
Large food establishment	\$115	more than two employees working at any one time

Note: A separate license is required for each location.

New Applications, Changes in Ownership, Changes in Location

1. Contact a [registered sanitarian](#) at your County environmental health office. Contacting your sanitarian early in the eStop application process could save you time and money.
2. Provide information requested by the registered sanitarian for review.
3. You will need to meet other applicable requirements, such as zoning, business licenses, fire and building approval.
4. Once plans and a pre-opening inspection has been completed and approved, the registered sanitarian will notify Food and Consumer Safety Section. Then your license will be issued.
5. A registered sanitarian must be notified for approval of any changes in the establishment affecting food menu items, license endorsements, location, ownership or if remodeling.

Renewals With No Changes to Existing Licenses

When the county sanitarian notifies the Food and Consumer Safety section of the approval, your license will be renewed.

Rules for Food Service Establishments

You can obtain rules from your local environmental health office, Food & Consumer Safety Section, or at http://leg.mt.gov/bills/mca_toc/50_50.htm.

County Sanitarians

COUNTY	NAME	PHONE
Beaverhead	Tom Wagenknecht	406-683-3771
Big Horn	Craig Taft	406-665-8724
Blaine	Ron Andersen	406-868-4957
Broadwater	Julie Lethert	406-266-9209
Carbon	Marilyn Tapia	406-265-2770 (Yellowstone County)
Carter	Renee Gnerer	406-853-0029
Cascade	Sandy Johnson	406-791-9275
Chouteau	Bob Stevenson	406-622-3016
Custer	Mike Rinaldi	406-366-1424
Daniels	Cam Shipp	406-228-6264
Dawson	Kevin Pena	406-377-5772
Deer Lodge	Karen Solberg	406-563-4067
Fallon	Mike Rinaldi	406-366-1424
Fergus (CMHD)	Susan Baldwin	406-535-7466
Flathead	Joe Russell	406-751-8103
Gallatin	Tim Roark	406-582-3120
Garfield (CMHD)	Susan Baldwin	406-535-7466
Glacier	Ron Andersen	406-868-4957
Golden Valley (CMHD)	Susan Baldwin	406-535-7466
Granite	Chad Lanes	406-563-4066
Hill	Clay Vincent	406-265-5481 ext 268
Jefferson	Megan Bullock	406-225-4126
Judith Basin (CMHD)	Susan Baldwin	406-535-7466
Lake	Susan Brueggeman	406-883-7236
Lewis & Clark	Laurel Riek	406-447-8361
Liberty	Karen Salo	406-279-3745
Lincoln	Kathi Hooper	406-283-2440
Madison	Joyce Crouse	406-843-4275
McCone	Mike Rinaldi	406-366-1424
Meagher	Deen Pomeroy	406-799-9979
Mineral	Tim Read	406-822-3525

County Sanitarians

COUNTY	NAME	PHONE
Missoula	Shannon Therriault	406-258-4988
Musselshell	Deen Pomeroy	406-366-0627
Park	Barbara Woodbury	406-222-4145
Petroleum (CMHD)	Susan Baldwin	406-535-7466
Phillips	Mike Rinaldi	406-366-1424
Pondera	Corrine Rose	406-271-4036
Powder River	Renee Gnerer	406-287-7861
Powell	Chad Lanes	406-563-4066
Prairie	Mike Rinaldi	406-366-1424
Ravalli	John Palacio	406-375-6568
Richland	Stephanie Ler	406-433-2207
Roosevelt	Ron Smith	406-765-7669
Rosebud	Mike Rinaldi	406-366-1424
Sanders	Shawn Sorenson	406-827-6909
Sheridan	Cam Shipp	406-228-6264
Silver Bow	John Rolich	406-497-5027
Stillwater	Stephanie Moodry	406-322-8055
Sweet Grass	Barbara Woodbury	406-222-4145
Teton	Corrine Rose	406-466-2150
Toole	Ron Andersen	406-868-4957
Treasure	Mike Rinaldi	406-366-1424
Valley	Cam Shipp	406-228-6264
Wheatland (CMHD)	Susan Baldwin	406-535-7466
Wibaux	Kevin Pena	406-377-5772
Yellowstone	Joshua Juarez	406-651-6548
MSU - Bozeman	Toots Taszut	406-994-6455
UM - Missoula	Rebecca Shern	406-243-2315

This information is subject to change.

Questions? Contact the Department of Revenue at (406) 444-6900 or by fax at (406) 444-0722

Nursery License

Department of Agriculture
Pest Management Bureau
PO Box 200201
Helena, MT 59620-0201
<http://agr.mt.gov/agr/Business/PestMgt/Nurseries/>

Fees

New Business Application Fee	\$25
Late Fee	\$25

plus

<i>License Category</i>	<i>Fee</i>
Landscape Service	\$150
Sod Farmer	\$220
Nursery: \$5,000 or less gross annual sales	\$ 25
Nursery: \$5,001 to \$75,000 gross annual sales	\$135
Nursery: \$75,001 to \$150,000 gross annual sales	\$200
Nursery: \$150,001 to \$250,000 gross annual sales	\$300
Nursery: \$250,000 gross annual sales	\$400

Note: The 2017 Legislature revised the Department of Agriculture's Nursery Licensing Program's licence fee structure. See the chart above to determine what license category pertains to your business based upon your gross annual sales of nursery stock.

A nursery license is required for businesses and individuals that distribute, sell or resell nursery stock. A nursery license is required for landscaping and lawn maintenance businesses if the business provides, plants, or installs new plants or turf, and receives payment for the plants. The license is valid for one year from the date of issue.

License fees are based on gross annual sales as reported on your tax documents. Payment must be received before the last business day of the license month.

Definitions

Firm - An individual, company, partnership, association or corporation.

Landscape Service - A firm that buys, sells, or resells nursery stock. "Nursery" means the business or location where nursery stock is grown or offered for sale, resale, or as part of a landscape service

Nursery Stock - Botanically classified plants or parts of plants, including but not limited to tropical potted plants, aquatic plants, cut trees and their products and turf or sod grass. The following plants and plant materials are not considered nursery stock:

- field crop plants and seeds
- pasture grasses
- cut plants not for propagation
- fruits or vegetables for human or animal consumption
- cut trees and products that are going to be processed to a point that they no longer represent a pest risk
- plant debris for disposal or processing

Small Plant Vendor - A Montana firm that is engaged in the business of selling or distributing nursery stock, including coniferous Christmas decorations, that grows in Montana all nursery stock offered for sale or distribution, and has gross annual sales of less than \$1,000 in a calendar year.

The Montana Code Annotated for nursery licenses is at: http://leg.mt.gov/bills/mca_toc/80_7_1.htm.

Underground Storage Tanks

Underground Storage Tank Section (UST)
Department of Environmental Quality (DEQ)
PO Box 200901
Helena MT 59620-0901
(406) 444-5300

www.deq.mt.gov/Land/ust

Fees

\$36 per tank	equal to and less than 1100 gallon capacity
\$108 per tank	greater than 1100 gallon capacity

Notification of Underground Storage Tanks

Owners and operators of locations with underground storage tanks with underground piping, and above ground storage tanks with underground piping, must register each tank with the Department of Environmental Quality (DEA) and eStop Business Licenses. Tanks that do not need to be registered with eStop, but must be included on the DEQ UST notification form include: diesel exhaust fuel and oil/water separator tank. If the owner/operator does not know if a tank should be registered with eStop, contact DEQ UST before you complete the eStop Master Application. UST registration fees are assessed annually and when a business has a new owner. Registration fees are assessed as long as the UST systems remain in an active status (they are currently being used or are temporarily out of use, e.g., closed for the winter).

For a new facility and tank, please complete the Notification for Underground Storage Tanks (4 pages) form located the back of the guide or use the link: <http://deq.mt.gov/Portals/112/Land/UST/Documents/PDFfiles/Notification%20of%20Underground%20StorageTanksFull.pdf>.

For change of owner, please complete the Notification for Underground Storage Tanks (single page) form located the back of the guide or use the link: <http://deq.mt.gov/Portals/112/Land/UST/Documents/PDFfiles/NotificationforUndergroundStorageTanks.pdf>.

Note: A notification for Underground Storage Tanks form MUST be submitted for any owner, operator or facility information changes, as well as new facility or new tank installations.

Important: This form must be submitted to DEQ.

Administrative Rules of Montana for underground storage tanks are at:

[Montana Code Annotated - http://leg.mt.gov/bills/mca_toc/75_11_5.htm](http://leg.mt.gov/bills/mca_toc/75_11_5.htm)

[Administrative Rules of Montana - http://deq.mt.gov/DEQAdmin/dir/legal/Chapters/ch56-toc](http://deq.mt.gov/DEQAdmin/dir/legal/Chapters/ch56-toc)

:

Weighing and Measuring Devices

Weights and Measures Bureau
Department of Labor and Industry
PO Box 200516
Helena, MT 59620-0516
(406) 443-8065

<http://weightsandmeasures.mt.gov>

Fees (Meters - Petroleum Dealers)

PA	\$21	Retail meters	listed delivery less than or equal to 20 gallons per minute
PB	\$70	High speed retail/wholesale meters	listed delivery 21 to 130 gallons per minute
PC	\$83	Wholesale meters	listed delivery greater than 130 gallons per minute
PD	\$102	LPG (propane) meters	

For gas pumps, "meters" refers to the actual number of measuring chambers, not the number of hoses or cabinets. If you have any questions about the correct number of gasoline or diesel meters at your location or their listed delivery, please contact either the company that installed the meters or the Weights and Measures Bureau at (406) 443-8065.

Fees (Scales- Weighing Devices)

SA or S1	\$20	Manufacturers listed capacity 0 - 499 pounds
SB or S2	\$33	Manufacturers listed capacity 500 - 1,999 pounds
SC or S3	\$64	Manufacturers listed capacity 2,000 - 7,999 pounds
SD or S4	\$165	Manufacturers listed capacity 8,000 - 60,000 pounds
SE or S5	\$280	Manufacturers listed capacity greater than 60,000 pounds

Beginning in 2005, for record keeping purposes, scales were divided into two categories: Standard Commercial Scales, listed as "SA," "SB," "SC," "SD" or "SE" and On Farm Scales, identified as "S1," "S2," "S3," "S4" or "S5." On Farm Scales are scales located on a farm or ranch and used primarily by the farmer or rancher to weigh farm commodities such as grains, hay, livestock or produce. Standard commercial scales are located in off-farm commercial establishments, such as retail and wholesale stores and businesses. Please select the correct scale type. If you have any questions concerning scales, please contact the Weights and Measures Bureau at (406) 443-8065.

Meters and Scales

Licenses are required for all meters and scales used by businesses or individuals to weigh or measure any commodity that is bought or sold by weight or volume. For example, scales at a store used to weigh candy, meats, fruits, etc.; or meters used to measure gallons of gasoline sold. On the [Master Application](#) form, indicate each device type to be licensed and the total number of devices. Fees shown are per each individual device.

The Montana Code Annotated for weighing and measuring devices is at:

http://leg.mt.gov/bills/mca_toc/30_12.htm and at http://leg.mt.gov/bills/mca_toc/82_15.htm

Tobacco Products and Alternative Nicotine or Vapor Products

Department of Revenue
Business and Income Tax Division
Miscellaneous Tax Unit
PO Box 5805
Helena, MT 59604-5805

http://revenue.mt.gov/home/businesses/estop_licensing.aspx

Fees

Tobacco Products		
Retailer –Tobacco	\$5	For businesses that sell tobacco products to the consumer. A tobacco retailer's license is required for each physical location where tobacco products are sold over the counter or through a vending machine.
Retailer – Vendor	\$5	For businesses that own and operate fewer than 10 cigarette vending machines.
Vendor	\$50	For businesses that own and operate 10 or more cigarette vending machines.
Wholesaler	\$50	For wholesale distribution businesses that purchase and affix tax stamps to cigarettes and offer to sell tobacco products to licensed subjobbers, retailers or vendors.
Subjobber	\$50	For wholesale distribution businesses that purchase stamped cigarettes from licensed wholesalers and offer to sell tobacco products to a licensed retailer or vendor.
Alternative Nicotine or Vapor Products		
Retailer	\$5	For businesses that sell alternative nicotine or vapor products. An alternative nicotine or vapor products retailer's license is required for each physical location where alternative nicotine or vapor products are sold.

Note: Fees are assessed annually.

Upon receipt of your [eStop Master Application \(Form MA\)](#), the Department of Revenue may request additional information about your distribution and sales of tobacco and alternative nicotine or vapor products.

Fair Trade Laws

Montana is a fair trade state. To sell cigarettes in Montana, you first need to verify that the manufacturer has provided the base cost, before taxes or discounts, to the Department of Revenue and that the department has established the wholesale and retail minimum price. The minimum price list is at <http://revenue.mt.gov>.

Master Settlement Agreement

Montana is a signatory of the National Tobacco Master Settlement Agreement (MSA). Tobacco product brands sold in Montana are required to be approved by the Department of Justice. Licensed retailers, vendors, subjobbers or wholesalers cannot stamp or sell cigarettes and roll-your-own tobacco from manufactures that do not participate in the Tobacco MSA. Information about Montana's MSA is available at <http://revenue.mt.gov>.

Stamping Equipment

The department purchases tax stamps from Meyercord Company. You can call Meyercord about stamping equipment at (630) 682-6200.

Reporting Requirements

Tobacco product tax payments and returns are due monthly to the Montana Department of Revenue. Tax returns and tax stamps are managed by the department's Miscellaneous Tax Unit. If you have questions, call (406) 444-6900.

Administrative Rules of Montana for tobacco products are at <http://www.mtrules.org>.

Off-Premises Beer and Wine License

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

Fees

Processing Fee (non-refundable)	\$200
Beer	\$200
Wine	\$200
Beer and Wine	\$400

Off-Premises Beer and Wine Application

Please complete the checklist and necessary forms for processing your Off-Premises Beer and Wine License Application. The checklist, forms and additional information are included at the back of this guide, and are also available on our website at eStop.mt.gov.

- Application Guide and Check List
- Off-Premises Beer and Wine Application
- Grocery Inventory (Form G-1)
- Floor Plan (Form F-1)
- Management Agreement (Form MGR-1)

Additional Forms and Information

The forms listed below are available from the Department of Revenue Website in the downloadable forms and resources section at <http://revenue.mt.gov/home/liquor/forms.aspx#horizontalTab1> or by calling the department at (406) 444-6900.

- Liquor Division Authorization to Disclose Tax Information, ([LIQ-AUTH](#)). Request a form to be completed by the SELLER, (if applicable) and the buyer of the business. The entity and individuals that have an ownership interest of 10% or more must complete the request form and return with the application.
- [Personal History Statement Form](#) (Form 10) accompanies Fingerprint Cards for all managers, owners, officers, directors and non-institutional sources of funds. (LINK <https://doj.mt.gov/wp-content/uploads/10.pdf>)
- Fingerprint Cards. You can get these cards from your local law enforcement agency when you get your fingerprints done. This form is not available on our website; call (406) 444-6900 to request it. Each individual involved in ownership or management needs a set of fingerprint cards.
- Alcohol, Tobacco, Tax and Trade Bureau TTB tax registration form ([ATF-F-5630.5d](#)).

The Montana Code Annotated for off-premises beer and wine licenses is at http://revenue.mt.gov/Portals/9/liquor/alcohol_beveragelicense/licensing_forms/One-Stop_Off-Premises_License_Application%20pdf%2012%202013.pdf

Master Application

Check appropriate box(es) and complete all applicable information.



Business Changes

- Register a new business with eStop. See Section II for fees that apply.
- Update business information, such as mailing address or contact information, etc. No fee.
- Change business structure or entity type. A liquor processing fee may apply. See Section II.
- Add a new physical location to your eStop business. See Section II for fees that apply.
- Purchase of an existing eStop location. Previous owner's Location Number _____

Location Changes - Provide current Location Number for box(es) selected below _____

Your Location Number is at the upper right-hand section of your eStop license and renewal.

- Relocate to a new physical location. A license fee may apply. See Section II.
- Update location information, such as name/DBA/trade name, etc. No fee.
- Update license information, such as add, increase/decrease, change license type, etc. See Section II for fees that apply.

Section I.

Business Information			
Company or Owner Name _____			
Federal Employer Identification Number or Social Security Number _____ (required)			
Business Mailing Address _____		City _____	State _____ ZIP + 4 _____
Type of Business (please check one and provide additional information if needed):			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> S corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited liability company	<input type="checkbox"/> Association	<input type="checkbox"/> Limited partnership	
<input type="checkbox"/> C corporation	<input type="checkbox"/> Limited liability partnership	<input type="checkbox"/> Other	
<input type="checkbox"/> Nonprofit C corporation	<input type="checkbox"/> Partnership		
Location Information			
Assumed Business Name/DBA/Trade Name, etc. _____			
Physical Location Address _____		City _____	State _____ ZIP + 4 _____
County _____	Location Phone Number _____	Location Fax Number _____	
Contact Information			
Name _____		Phone Number _____	
<i>Please Print</i>			
Email address _____			

Important: Complete Section II (other side of form), if applicable. In all situations, sign and date.
All coordinating applications and affidavits must be completed and attached for processing.

License fee and payment information is on the other side of this form.

Signature (required)

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Signature Title Date

Mail completed form to: eStop Business Licenses, PO Box 8003, Helena, MT 59604-8003.

Questions? Call us at (406) 444-6900 or fax us at (406) 444-7723.

Section II. License Fees

License	Type of Fee	Inspection Required	Fee	Quantity	Total Amount
Montana Lottery	Traditional. <i>One-time fee.</i>	No	\$50.00		
	Montana Sports Action (MSA) Must have gaming license. <i>Annual fee.</i>	No	\$75.00		
Retail Food Establishment	Small - Establishments with one or two employees working at any one time. <i>New or relocation fee applies.</i>	Yes. Please contact your county environmental health department.	\$85.00		
	Large - Establishments with more than two employees working at any one time. <i>New or relocation fee applies.</i>		\$115.00		
Tobacco Products and Alternative Nicotine or Vapor Products	Retailer - Tobacco	No	\$5.00		
	Retailer - Vendor < 10 cigarette vending machines.	No	\$5.00		
	Vendor ≥ 10 cigarette vending machines.	No	\$50.00		
	Wholesaler	No	\$50.00		
	Subjobber	No	\$50.00		
	Retailer - Alternative Nicotine or Vapor Products	No	\$5.00		
Off-Premises Beer/Wine	Processing fee for new applicant, relocation and <i>some</i> business structure changes. <i>Fee is nonrefundable.</i>	Yes, if new application or application for transfer of location.	\$200.00		
	Addition of beer or wine license to a current license <i>Fee is nonrefundable.</i>		\$100.00		
	Background check processing fee		\$27.25		
	Beer		\$200.00		
	Wine		\$200.00		
	Beer/Wine		\$400.00		
Nursery License	New business application fee		\$25.00		
	Landscape Service	Not at registration	\$150.00		
	Sod Farmer	Not at registration	\$220.00		
	Nursery: \$5,000 or less gross annual sales	Not at registration	\$25.00		
	Nursery: \$5,001 to \$75,000 gross annual sales	Not at registration	\$135.00		
	Nursery: \$75,001 to \$150,000 gross annual sales	Not at registration	\$200.00		
	Nursery: \$150,001 to \$250,000 gross annual sales	Not at registration	\$300.00		
	Nursery: \$250,000 gross annual sales	Not at registration	\$400.00		
Underground Storage Tanks	<input type="checkbox"/> Owner <input type="checkbox"/> Operator (Please check one.)				
	Tanks ≤1,100 gallons. <i>New or relocation fee applies.</i>	Not at registration. Every 3 years for operating permit.	\$36.00		
	Tanks >1,100 gallons. <i>New or relocation fee applies.</i>		\$108.00		
Meters - Petroleum Dealers	PA - Max delivery ≤ 20 gal/min	Yes	\$21.00		
	PB - Max delivery > 20 gal/min and ≤ 130 gal/min	Yes	\$70.00		
	PC - Max delivery > 130 gal/min	Yes	\$83.00		
	PD - LPG (Propane) meters	Yes	\$102.00		
Scales - Weighing Devices	S1 or SA - 0 thru 499 lbs	Yes	\$20.00		
	S2 or SB - 500 thru 1,999 lbs	Yes	\$33.00		
	S3 or SC - 2,000 thru 7,999 lbs	Yes	\$64.00		
	S4 or SD - 8,000 thru 60,000 lbs	Yes	\$165.00		
	S5 or SE - 60,001 lbs or greater	Yes	\$280.00		

How to Make a Payment

Total Amount Due

- ▶ Go to eStop.mt.gov to apply and pay online!
- ▶ Pay by check made payable to **eStop Business Licenses**—be sure to write your **Location Number** in the memo line.
Mail your check to: **eStop Business Licenses**, MT Department of Revenue, PO Box 8003, Helena, MT 59604-8003

Questions? Call us at (406) 444-6900 or fax us at (406) 444-7723.

Montana Department of Environmental Quality

Notification for Underground Storage Tanks

Facility ID Number:

Mail completed form to: DEQ, Underground Storage Tank Program, PO Box 209001, Helena, MT 59620-0901 or email to DEQUESTprogram@mt.gov **Contact the Department at:** (406) 444 -5300

INSTRUCTIONS

Please **type or print in ink** all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks.

TYPE OF NOTIFICATION

A. CHANGE OF OWNER

B. AMENDED OWNER INFORMATION

GENERAL INFORMATION

Notification is required for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986.

Who Must Notify? Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM) require that, unless exempted, owners of underground tanks that store regulated substances must notify designated State and local agencies of the existence of their tanks.

Owner means -

- (a) in the case of an underground storage tank in use on November 8, 1984 or brought into use after that date, any person who owns an underground storage tank used for the storage, use, or dispensing of regulated substances and
- (b) in the case of any underground storage tank in use before November 8, 1984, but no longer in use on that date, any person who owned such tank immediately before the discontinuation of its use

An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.

An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.

Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given for which false information is submitted. Criminal penalties may also apply.

I. OWNERSHIP OF TANKS					II. OPERATOR OF TANKS				
Owner Name (Corporation, Individual, Public Agency, or Other Entity)					Operator Name				
Mailing Address					Operator Address				
City			State	Zip Code	City			State	Zip Code
Phone Number		Fax Number			Phone Number		Fax Number		
Email Address:					E-mail Address				
III. LOCATION OF TANKS									
Facility Name or Company site identifier, as applicable Legal Description:					Street address or physical location (PO Box not acceptable)				
Phone number			Fax Number		City			State	Zip Code
Latitude	Longitude	Tribal Owned	Tribal Land	Within Reservation Boundary	Contact Person			Phone Number	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
IV. FINANCIAL RESPONSIBILITY									
I have met the financial responsibility requirements in accordance with 40 CFR 280, Subpart H and Title 17, Chapter 56, Subchapter 8, Administrative Rules of Montana (ARM). (Check the box by the mechanism type(s) listed below that you are using to meet this requirement)									
<input type="checkbox"/> Montana Petroleum Tank Release Cleanup Fund <input type="checkbox"/> Self Insurance <input type="checkbox"/> Guarantee <input type="checkbox"/> Commercial Insurance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Trust Fund <input type="checkbox"/> Risk Retention Group <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Other Method (specify) _____									
V. CERTIFICATION									
I certify under penalty of law that the submitted information is true, accurate, and complete.									
Name and official title of owner or owner's representative					SIGNATURE			DATE	

Notification of Underground Storage Tanks Montana Department of Environmental Quality		STATE USE ONLY	
<p align="center"><u>INSTRUCTIONS</u></p> <p>Please type or print in ink all items except "signature" in Section V. This form must be completed for each location containing underground storage tanks. If more than five tanks are owned at this location, staple continuation sheets to the form.</p>		Fac ID #:	
		a. Date Entered into Computer:	
		b. Data Entry Clerk Initials:	
Type of Notification			
<input type="checkbox"/> New Notification		<input type="checkbox"/> Amended	
GENERAL INFORMATION			
<p>Notification is required by Federal and State law for all underground tanks that have been used to store regulated substances since January 1, 1974, and that are in the ground as of May 8, 1986, or that are brought into use after May 8, 1986. The information requested is required by Section 9002 of the Resource Conservation and Recovery Act, (RCRA), as amended, and by Title 17, Chapter 56, Subchapter 9, Administrative Rules of Montana (ARM).</p> <p>The primary purpose of this notification program is to locate and evaluate underground tanks that store or have stored petroleum or hazardous substances. It is expected that the information you provide will be based on reasonably available records, or in the absence of such records, your knowledge, belief or recollection.</p> <p>Who Must Notify? Section 9002 of RCRA, as amended, and Title 17, Chapter 56, Subchapter 9, ARM require that, unless exempted, owners of underground storage tanks that store regulated substances must notify designated State or local agencies of the existence of their tanks.</p> <p>Owner means-</p> <p>a) in the case of an underground storage tank in use on November 8, 1984, or brought into use after that date, any person who owns an underground storage tank used for storage, use, or dispensing of regulated substances, and</p> <p>b) in the case of any underground storage tank in use before November 8, 1984 or brought into use on that date, any person who owned such tank immediately before discontinuation of its use.</p> <p>An UST, which is in the ground and not properly closed is deemed to be in use and is subject to notification requirements.</p> <p>An owner of an underground storage tank system must amend the facility's current notification form whenever the facility has undergone any change, which results in a change to the facility information or status.</p> <p>What tanks are included? Underground storage tank is defined as any one or combination of tanks that (1) is used to contain an accumulation of "regulated substances", and (2) whose volume is 10% or more beneath the ground and (3) aboveground tanks with underground piping. Some examples are underground tanks storing 1. gasoline, used oil, heating oil or diesel fuel, and 2. industrial solvents, pesticides, herbicides or fumigants.</p>		<p>What Tanks Are Excluded?</p> <ol style="list-style-type: none"> septic tanks pipeline facilities (including gathering lines) regulated under the Natural Gas Pipeline Safety Act of 1968, or the Hazardous Liquid Pipeline Safety Act of 1979, or which is an intrastate pipeline facility regulated under State laws; surface impoundments, pits, ponds or lagoons; storm water or waste water collection systems; flow through process tanks; liquid traps or associated gathering lines directly related to oil or gas production and gathering operations; storage tanks situated in an underground area, such as a basement, cellar, mine, drift, shaft, or tunnel, if the storage tank is situated upon or above the surface of the floor; Underground tanks and underground piping attached to aboveground tanks of 1,100 gallons or less located at a farm or private residence and storing "noncommercial" motor fuel or heating oil if the tanks was installed before April 27, 1995. <p>"Noncommercial" means not used in the operation of a business other than the production of agricultural commodities.</p> <p>What Substances Are Covered? The notification requirements apply to underground storage tanks that contain regulated substances. This includes any substance defined as hazardous in Section 101 (14) of the Comprehensive Environmental Response, Compensation and Liability Act of 1989 (CERCLA), with the exception of those substances regulated as hazardous waste under Subtitle C of RCRA. It also includes petroleum, e.g., crude oil or any fraction thereof, which is liquid at standard conditions of temperature and pressure (60 degrees Fahrenheit and 14.7 pounds per square inch absolute.)</p> <p>When To Notify?</p> <ol style="list-style-type: none"> Owners of underground storage tanks and piping that were in use May 8, 1986, or which were taken out of operation after January 1, 1974, but which were still in the ground on May 8, 1986, were required to notify on or before May 8, 1986. Owners who bring underground storage tanks into use after May 8, 1986, must notify within 30 days after bringing the tanks into use. Any amendment to facility information or status, including change in ownership must be notified immediately. 	
<p>Where to notify? Send completed forms to:</p> <p align="center">Underground Storage Tank Section Montana Department of Environmental Quality PO Box 200901 Helena MT 59620-0901 Phone: 406-444-5300 Fax: 406-444-1374</p>			
<p>Penalties: Any owner who fails to notify or submits false information is subject to a civil penalty of up to \$10,000.00 per violation per day for each tank for which notification is not given or for which false information is submitted. Criminal penalties may also apply.</p>			
I. Ownership of Tanks		II. Location of Tanks	
Owner Name (Corporation, Individual, Public Agency, or Other Entity)		Facility Name or Company Site Identifier, as applicable	
Mailing Address		Street Address or Physical Location (PO BOX NOT ACCEPTABLE)	
City	State	Zip	City
			MT
Phone Number	Fax Number	Latitude	Longitude
Email Address		Phone Number	Fax Number

III. TYPE OF OWNER		IV. INDIAN LANDS			
<input type="checkbox"/> Federal Government	<input type="checkbox"/> Commercial	Tribal Owned <input type="checkbox"/> YES <input type="checkbox"/> NO	Tribal Land <input type="checkbox"/> YES <input type="checkbox"/> NO	Within Reservation Boundary <input type="checkbox"/> YES <input type="checkbox"/> NO	Tribe or Nation:
<input type="checkbox"/> State Government	<input type="checkbox"/> Farmer/ Rancher				
<input type="checkbox"/> Local Government	<input type="checkbox"/> Residential				
V. TYPE OF FACILITY					
Select the Appropriate Facility Description (check as many as apply)					
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Railroad	<input type="checkbox"/> Trucking/Transport			
<input type="checkbox"/> Bulk Plant	<input type="checkbox"/> Federal Non-Military	<input type="checkbox"/> Utilities			
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> Federal - Military	<input type="checkbox"/> Residential			
<input type="checkbox"/> Air Taxi (Airline)	<input type="checkbox"/> Industrial	<input type="checkbox"/> Farm/Ranch			
<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Emergency Generator			
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> School	<input type="checkbox"/> Other (explain)			
<input type="checkbox"/> Church	<input type="checkbox"/> Medical				
VI. CONTACT PERSON IN CHARGE OF TANKS					
Name	Job Title	Address	Phone Number (Include Area Code)		
VII. FINANCIAL RESPONSIBILITY					
I have met the financial responsibility requirements in accordance with 40 CFR 280, Subpart H and Title 17, Chapter 56, Subchapter 8, Administrative Rules of Montana (ARM) Check the box by the mechanism type(s) listed below that you are using to meet the requirement.					
Check All that Apply					
<input type="checkbox"/> Self Insurance	<input type="checkbox"/> Guarantee	<input type="checkbox"/> Montana Petroleum Tank Release Cleanup Fund			
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Trust Fund			
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Other Method (Specify)			
VIII. CERTIFICATION (Read and sign after completing all sections)					
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.					
Name and official title of owner or owner's authorized representative (Please print)		Signature		Date Signed	
EPA estimates public reporting burden for this form to average 30 minutes per response including time for reviewing instructions, gathering and maintaining the data needed and completing and reviewing the form. Send comments regarding this burden estimate to Chief Information Policy Branch PM-223, US Environmental Protection Agency, 401 M Street, Washington D.C. 20460, marked "Attention Desk Officer for EPA." This form amends the previous notification form as printed in 40 CFR Part 280, Appendix I. Previous editions of this notification form may be used while supplies last.					

Facility Name: _____ Facility ID#: _____

IX. DESCRIPTION OF UNDERGROUND STORAGE TANKS

(Complete for each tank at this location)

State ID (STATE USE) _____

Tag Number _____

Tank ID Number _____

1. STATUS OF TANK (mark only one)

Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. DATE OF INSTALLATION (mo/year) / / / / /

3. ESTIMATED TOTAL CAPACITY (gal) _____

4. TANK MATERIAL (Mark all that apply)

Aboveground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt Coated or Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epoxy Coated Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Composite (Steel with Fiberglass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Polyethylene Tank Jacket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multi-compartment tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please specify					
Has tank been repaired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. PIPING MATERIAL (Mark all that apply)

	Product	Vent	Product	Vent	Product	Vent	Product	Vent	Product	Vent
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UL Listed Flex Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trench Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Facility Name:			Facility ID#:		
State ID (STATE USE)					
Tag Number					
Tank ID Number					
6.PIPING(Type)(Mark all that apply)					
Safe Suction: no valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U. S. Suction: valve at tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gravity Feed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has piping been repaired?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. SUBSTANCE CURRENTLY OR LAST STORED IN GREATEST QUANTITY BY VOLUME.					
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>E10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
>B20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous Substance CERCLA name and/or CAS Number					
Mixture of Substances Please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X. TANKS OUT OF USE, OR CHANGE IN SERVICE					
-FOR STATE USE ONLY-					
1. Tank Closure					
a. removed or closed in place (mo/ day/ year)					
b. change in service					
2. Date Site Assessment Completed					
3. Evidence of a Leak Detected					
Comments:					
Location:					
Initials of reviewer/date					



Beer and Wine License Application (Retail Off-Premises Consumption)

Note: When eStop Business Licenses receives your Beer and Wine License application, we will contact you by letter to request additional documents and let you know if your application meets our initial requirements. It usually takes 45 to 60 days to process an application. When we receive a complete application, we will notify the necessary officials for final review and approval of your application.

Section 1. Application Guide and Checklist

Please check the appropriate boxes below and include this page with your application.

Register for a New License

- Complete and sign the eStop Master Application.
- Include the license, processing and background check fees (see page 2 of the eStop Master Application).
- Complete Sections 2-6 of this application.
- Include additional documents needed to complete this application or send them to the appropriate agency. See Section 7, items 1-7.
- Request Temporary Operating Authority (see Section 4) if the premises has been licensed within the last year to sell beer and wine.
- Schedule a fire, building and health inspection of the premises at least two weeks prior to the tentative date of opening or completion.

Submit a Business Structure Change

To add an entity or individual to the business structure that has never before had an ownership interest in the license or the ownership interest is changing from less than 10% to more than 10%.

- Complete and sign the eStop Master Application.
- Include the \$200 processing fee and \$27.25 background check fee (see page 2 of the eStop Master Application).
- Complete Sections 2-6 of this application.
- Include additional documents needed to complete this application or send them to the appropriate agency. See Section 7, items 2-7.

Relocate to a New Physical Location

- Complete and sign the eStop Master Application.
- Include the \$200 processing fee (see page 2 of the eStop Master License Application).
- Complete Sections 2-6 of this application.
- Include additional documents needed to complete this application or send them to the appropriate agency. See Section 7, items 1, 2, 6 and 7.
- Schedule a fire, building and health inspection of the premises two weeks prior to the tentative date of opening or completion.

Adding a Beer or Wine License to an Existing License

- Complete and sign the eStop Master Application.
- Include the license fee and \$100 processing fee (see page 2 of the eStop Master License Application).

Business Name _____ **License Number** _____

No fees are required to make any of the changes below. Please check the appropriate boxes and include this page with your application.

Entity Type Changed

- Complete and sign the eStop Master Application and Section 5 of this application.
- Include additional documents needed to complete this application or send them to the appropriate agency. See Section 7, items 2, 3, 5, 6 and 7.
- Include the new entity's federal employers identification number (FEIN), registration document, meeting minutes and articles of organization documents.

Death of a Licensee

- Complete and sign the eStop Master Application and Section 5 of this application.
- Include additional documents needed to complete this application or send them to the appropriate agency. See Section 7, items 2, 4, 5 and 6.
- Include an original death certificate or court order document certifying the death of the individual with an ownership interest.
- Include a copy of the Last Will and Testament court document.
- Include a copy of the Personal Representative Appointment court document. An appointed conservator, trustee, executor or power of attorney court document is also acceptable.

Divorce among Licensees

- Complete and sign the eStop Master Application and include Section 5 of this application.
- Include additional documents needed to complete this application or send them to the appropriate agency. See Section 7, items 2, 4, 5 and 6.
- Include a copy of the court-filed divorce decree.
- Include a copy of the court-filed property settlement agreement.

Gifting or Sale among Licensees (The ownership interest will not change from less than 10% to more than 10% or an ownership interest is being removed from the license.)

- Complete and sign the eStop Master application and include Section 5 of this application.
- Include additional documents needed to complete this application or send them to the appropriate agency. See Section 7, items 2, 4, 5 and 6.
- Include a copy of the stock transfer document, which must show the individual or entity and the total issued share amount and percentage being transferred or gifted.

Section 2. Premises

1. Please indicate the location of the physical address.
 City Limits County Area
2. Is the building complete and ready for use?
 Yes
 No. The expected completion date is _____
The delay is due to: remodel new construction
3. Is the location to be licensed within a zone or area where the sale of alcoholic beverages is not allowed by city, county or tribal ordinances?
 Yes
 No
4. Do you, as the individual or entity on the eStop Master Application, own or are you purchasing the real property, building or building area proposed for licensing?
 Yes. Please provide a warranty deed, purchase agreement or current property tax statement.
 No. Please provide a lease agreement.

Section 3. Type of Off-Premises Business

Please check the license type under which the premises proposed for licensing will operate.

- Grocery store (include a copy of the Grocery Inventory form)
- Pharmacy (include a copy of your current pharmaceutical license)
- Stand Alone
If applying for a Stand Alone license type, do you agree to maintain a business gross income of 95% or more from the sale of beer and wine, and that the business gross income of other retail products will not exceed 5%?
 Yes No

Section 4. Temporary Operating Authority

Has this premises been licensed within the last year and no building, health or fire deficiencies exist?

- Yes. Please enter the expected date that Temporary Operating Authority will begin _____
- No. Temporary Operating Authority cannot be granted.

Note: Temporary Operating Authority is granted for the use of the Beer and Wine license only during the time period that your application is being processed.

The department will issue Temporary Operating Authority when we receive verification that the tax information of the current recorded licensee or seller is current. The current recorded licensee (seller) must provide the Liquor Division Authorization to Disclose Tax Information form to the department. This form is available on our website at <http://revenue.mt.gov/home/liquor/forms.aspx>. Please be aware that we will revoke Temporary Operating Authority if you or your employees violate any provisions of Montana Code Annotated or Administrative Rules of Montana.

Section 5. Corporate Statement

All entities, except sole proprietorships, need to complete the following information for all shareholders, members or partners. (Please attach additional pages if necessary.)

Please Print

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

Officers and Directors (Use additional sheet of paper if necessary.)

1	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
2	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
3	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
4	Officer or Director Name	SSN
	Address	
	Date of Birth	Title

Section 6. Manager Information

Name of person or entity that is managing or that will be managing the business _____

- This person or entity is a shareholder, member or partner.
- This person or entity was employed as a manager and a current management agreement is on file with the department.
- This manager was recently employed. Date of hire _____

Please include with your application a management agreement for this manager or management company. A Management Agreement form is available on our website at <https://svc.mt.gov/dor/eStopPortal/Default.aspx>. This form meets the requirement for ARM 42.12.132.

Section 7. Required Documents

1. A Floor Plan form detailing the outside dimensions, general layout and areas where beer and wine will be stored and sold. Please label the floor plan with the date, DBA (doing business as) and address of premises to be licensed.
2. A lease agreement, purchase agreement, warranty deed or current property tax bill verifying the applicant has possessory interest in the real property where the business is located.
3. A Registered Certificate of Existence, Authority or Fact if you are applying as a corporation, company or partnership. In addition, if your DBA is different than the applicant's name, please include the certificate as filed with the Secretary of State's (SOS) Office. In Montana, call (406) 444-3665 or go to <http://sos.mt.gov/Business/Forms/index.asp> to register the new entity and DBA by mail or online.
4. A background check fee of \$27.25, personal history statement and two fingerprint cards for each individual with an ownership interest of 10% or more of the license. In certain circumstances, a representative for the licensee will require a background check. Please contact our office toll free at (866) 859-2254, (in Helena) at (406) 444-6900, and we will mail the fingerprint cards to you. Go to your local law enforcement agency to be processed. (Local officials may charge a separate fee for this service).
5. A bank account agreement having the applicant's name, Federal Employer Identification (FEIN) or social security number and authorized signatures.
6. The Liquor Division Authorization to Disclose Tax Information form for each individual and entity that has an ownership interest of 10% or more, and for the current recorded licensee (seller). Please fax the completed form to Department of Revenue, Business Income Tax Division at (406) 444-6642. The form is available on our website at <http://revenue.mt.gov/home/liquor/forms.aspx>.
7. If you have not registered your business with Alcohol and Tobacco Tax and Trade Bureau (TTB), all alcohol beverage dealers must file the TTB F 5630.5d form and mail it to the designated address on the form, or contact TTB's National Revenue Center at (800) 937-8864 or (513) 684-2979.



Grocery Inventory

Section 16-4-115(1), MCA states a retail license to sell beer or table wine in the original package for off-premises consumption may be issued only to a qualified applicant whose premises proposed for licensing operates as a bona fide grocery store; a drug store licensed as a pharmacy; or a stand-alone beer, wine, or beer and wine business.

If you are applying a Stand-Alone type license, you are not required to complete this form.

ARM 42.12.126(2) states that a retail inventory of \$3,000 will serve as a basis for determining whether an establishment qualifies as a "bona fide grocery store." An establishment must maintain retail inventory of at least \$3,000 at all times.

The retail inventory must include at least three different types of items in each of the following food groups: meats, vegetables, fruits, bakery items, dairy products and household supplies.

Provide the Total Retail Inventory dollar amount, do not include the beer and wine inventory amounts.

For each of the following food group categories, list three types of items included in your retail inventory:

Meats	_____	_____	_____
Vegetables	_____	_____	_____
Fruits	_____	_____	_____
Bakery Items	_____	_____	_____
Dairy Products	_____	_____	_____
Household	_____	_____	_____

Enter the total dollar amount of the retail inventory proposed above. If your business is already established, write the total dollar amount of the retail inventory you had last month, not including beer and wine. \$ _____

Please provide the total retail amount of the proposed inventory for the previous month.

I certify this inventory to be correct.

Signature

Business Name/County

Date



Floor Plan

The floor plan must show the area to be licensed, using approximate dimensional measurements, including external dimensions and general layout. **Required for On-Premises:** The floor plan must contain the alcoholic beverages license number (if applicable) and number of tables and chairs indicated on your application. All alcohol storage areas and service areas should be labeled. Floor plan must indicate seating for at least twelve at a bar, table or booth—independent of gambling machines. If you are applying for a restaurant beer/wine license, be sure the floor plan has the service bar area clearly designated and label the kitchen and dining room. If a patio is present, label it as well and include the height of the perimeter barrier around the patio. **Required for Off-Premises:** The floor plan must show areas where beer and wine will be stored and sold.

Business Name

License Number (if applicable)

Address

Date