



# MONTANA

## Card Room Contractor License Application

This booklet contains all the forms and instructions for applying for an  
Card Room Contractor License.

Also available on our website  
[www.doj.mt.gov](http://www.doj.mt.gov)

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### Return to:

Montana Department of Justice  
Gambling Control Division  
2550 Prospect Ave. - P.O. Box 201424  
Helena, MT 59620-1424

Phone (406) 444-1971  
Fax (406) 444-9157  
[www.doj.mt.gov](http://www.doj.mt.gov)

## Notice To Applicant

See instructions in this booklet before completing the application.

When filling out this application, complete the form in its entirety. The application must be completed in any ink (except red) or be typewritten. Delay, denial or the return of the application will result if incomplete. The information in this application is meant to assist you in completing this application. It is not a substitute for a careful examination of the gambling laws, rules and the rights or obligations arising out of applying for gambling licensure, or for seeking, where individual circumstances warrant, the independent advice of an attorney.

Once the application is completed, submit the original application and all required documents to the above address.

This application is also available on the website at [www.doj.mt.gov](http://www.doj.mt.gov).

Processing an application generally takes three to four months based upon the Department's determination of receipt of a complete application and no deficiencies or protests are received. You will be notified by the Gambling Control Division (DOJ) Licensing Section upon receipt of your application and given a contact name. You will be notified when a decision regarding the application has been made.

## **Guide to the Card Room Contractor License Application**

**This Guide is provided as a supplement to the Card Room Contractor License Application to assist applicants in understanding the application and to answer commonly asked questions related to requirements for gambling licenses. The information in this guide is meant to assist in the completion of the application but is not meant to be a substitute for careful examination of the gambling laws and regulations.**

### ***Who do I talk to about my application?***

During the period that your application is being processed (approximately 90-120 days) **all questions should be directed to the Gambling Control Division**. At the time your application is reviewed, you will be contacted by the Gambling Control Division and informed if additional information is needed or if the application is complete. At that time you will be provided with the name of the person who will be processing the application. If for some reason you do not have the name of a contact, **call the Gambling Control Division at 444-1971**.

### ***Am I ready to get started with an application?***

The State of Montana has laws that restrict and limit who can own and control gambling licenses. Ownership and control of a license can include persons who lend you money, rent buildings or equipment or have management contracts. If you plan to involve other persons in your business through loans, leases, management contracts or other arrangements, you need to have those arrangements worked out at the time you make your application. Anyone that you associate with who may have an ownership interest or control of the license will have to meet all of the legal requirements to hold a gambling license. You will need the documents that reflect these relationships (leases, loan agreements, corporate documents etc.) to complete this application.

### ***How do I go about filling out the application?***

You need to submit one original signed and notarized application to the Gambling Control Division. If you would rather fill out the application on your personal computer the form is available on the Gambling Control Division website ([www.doj.mt.gov/gaming/forms.asp](http://www.doj.mt.gov/gaming/forms.asp)). All gambling related laws and rules are also available at these websites. You cannot e-mail or electronically send the completed form; you must fill and print the form and send it along with the required documents and fees to:

Montana Department of Justice  
Gambling Control Division  
2550 Prospect Ave. – P.O. Box 201424  
Helena, Montana 59620-1424

### ***Fingerprint Card***

Effective 10/01/03 a properly completed fingerprint card must be completed and returned to this office. The individual can take the card to a local law enforcement agency or to the Montana Department of Justice ID Bureau for fingerprinting. Please note that some law enforcement agencies charge a fee for this service. Enclose the fingerprint card and attach a check payable to the Gambling Control Division. If you have any questions, please contact the Gambling Control Division, Licensing Section.

**Please DO NOT return this guide with your application documents  
as it is designed for your use only.**

## Page 1 Fee Schedules

### ***Which fees do I have to pay?***

This page is designed to allow each applicant to mark the fees that may apply to their application.

### ***How do I calculate how much I will pay?***

You write one check made payable to the "Gambling Control Division". Follow these steps:

- Enter on line "1" the appropriate alcoholic beverage processing fee,
- Total the amounts you have entered, double check the total and
- Write a check to the Gambling Control Division for the total and staple it to this page when you've completed the application.

## Page 1-2 Purpose of Application and General Information

### ***When can I use the "Amended Gambling" application?***

An Amended application is required when:

1. There is a change among existing corporate shareholders, existing LLC/LLP members, or existing partners.
2. Increasing or decreasing shares owned by a corporation
3. There is a divorce and one of the owners no longer has an ownership interest and either the wife or husband has to be removed.
4. The death of the licensee and an appointment of a personal representative of the estate.
5. There is a change in premise location.
6. The Gambling license "type" has changed (i.e. all-beverage to beer/wine).
7. The business entity "type" has changed (i.e. corporation to a partnership).

### ***Why is it important that I get the information right in Section I?***

Your Card Room Contractor license will be generated from the information you provide in this section. This information is important because it is how the licenses will be issued and must be publicly posted in the establishment. Mailing address must be correct because all mail from both Divisions will be sent to the address listed on the application. This information will also appear in any legal publications placed in the newspaper in your area.

### ***What is the difference between a trade name and an applicant name?***

The "trade name" is the "DBA" (doing-business-as assumed business name must be filed with the Secretary of State) or name you call your business. Your trade name is also the name that normally appears on the sign advertising your establishment. The applicant name represents the legal holder of the license (i.e. corporation name, individuals name, partnership name, etc.).

### ***What address should I use?***

The address is the physical address where the business is located. For the premise list the actual street address for the business and for the mailing address list where you want the mail from both divisions to be sent.

### ***Federal Tax I.D. Number***

Provide verification from the IRS of your Federal Tax I.D. Number.

## Page 2-4

### Ownership/Management Information

#### ***Who would be considered a manager?***

A manager is a person employed or authorized by the licensee to supervise personnel and business functions of the license operation.

#### ***What if I am the sole proprietor, shareholder, partner, etc. – do I need to be reported as the manager and file a management agreement?***

No. You already have the authority to run your own business. However, if you have an “entity” owned license (i.e. corporation, partnership), a reference should be made in your organizational documents or minutes that you will function as the manager.

#### ***What will this information be used for?***

This is to ensure that all ownership interests are correctly reported to the department. This will help the department to determine if all ownership interests and liabilities have been reported to us about your business. It also allows us to know who is authorized to sign documents for the business.

#### ***What is Montana Clean Indoor Air Act?***

The 2005 Legislature passed the Montana Clean Indoor Air Act. The new legislation requires bars to become smoke free by October 1, 2009. The new law defines a bar as having at least 60% of its gross annual income from the sale of alcohol, gambling or both. The new legislation authorized an exception to 2009 for bars and casinos. If you want an exception in the premises for which you are seeking a license, you must request the exception in Section II. You must also provide sufficient financial detail as requested in Section III for a determination that at least 60% of expected revenue will come from alcoholic beverage and gambling revenue.

## Pages 5-10

### Financial Information

#### ***Can I run more than one card room or change an existing agreement?***

A licensed card room contractor can run more than one card room. The licensee need to provide with the application a proposed agreement for each location entered into with a licensed gambling operator. Once a license is issued and the licensee alters an existing agreement or enters into additional agreements, the licensee must submit a copy of each agreement within 10 days after altering or signing the agreement.

#### ***What is a financial or ownership interest?***

You have a financial or ownership interest in a business if you or any person shares in the profits, losses and liabilities of the business. This includes co-borrowers on applicant loans, persons whose assets are cross collateralized with those of the applicant, persons who may be found in default under an obligation if the applicant defaults under a related agreement and vice versa (cross defaults) and franchise fee recipients or any other person with an interest in a percentage of the applicant's sales or income, (this is not an all inclusive list just an example of a few). This does not include route operator's who by statute may receive a percentage of gross video gambling machine income or a fixed fee for leasing machines to the license applicant.

#### ***Why do you want to know about equipment and fixture leases?***

This is to make sure the leases do not give an ownership interest to the lessor or any other person or entity.

#### ***What is an NIL form and why do I need one?***

A Noninstitutional Loan (NIL) form is used to report loans from someone other than a state or federally regulated financial institution. It is also used to report deferred payment agreements and monetary gift or the transfer of a security interest. (i.e. A shareholder wants to lend money to the corporation that owns the license. The corporation would file an NIL form for that loan).

***Why do I have to report funds that I loaned to the licensed business when I am a shareholder/member/partner?***

The Division is careful to examine “all” liabilities/source of funding of the licensee in order to safeguard the integrity of the issued Card Room Contractor License.

***What does “Gifting” mean?***

A licensee may receive funds from a noninstitutional source of financing who does not require those funds to be repaid nor expects any other thing of value in return. It is important that the noninstitutional source of financing also provide a signed “Gifting Statement” declaring the above agreement.

**Page 11**  
**Declaration and Affidavit**

***Who can sign?***

Depending on how you are applying (i.e. individual, corporation, partnership, LLC, LLP, or nonprofit), the person(s) listed under Section II, “C” are considered authorized representative and may sign the application.

**Closing**

It is important to understand that supplying the information requested does not guarantee approval of the license application. At this time, we are simply gathering information needed to continue processing the paperwork. Until a determination has been made, any expenses you may incur prior to receiving approval of your license application should be considered at your own risk. All approvals are based on true and accurate information supplied in this application and any supporting documents associated with it. You will be notified when a decision regarding the application has been made.

# State of Montana Card Room Contractor License Application

## Gambling Licensing Fee Schedules

### Office Use Only

License No: \_\_\_\_\_

Check No: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Additional Fees: \_\_\_\_\_

Refund: \_\_\_\_\_

### Card Room Contractor License Fee \$150

**Note:** A new gambling operator licensee application is subject to a processing fee to cover the actual cost of conducting a background investigation to determine whether an applicant qualifies for licensure.

Based on the actual cost incurred by the Gambling Control Division in processing the license, the division will refund any overpayment of the fee or collect an amount sufficient to reimburse the division for any underpayment of actual costs. The Division will provide the applicant with an itemized accounting of expenses.

Enter the amount due from the corresponding schedules above.

License Fee \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Staple Payment Here

Make payment payable to the "Gambling Control Division"

## Check the Appropriate Boxes to Designate the Purpose of this Application

### Gambling

An ownership interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.

An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.

**New Card Room Contractor License**

**Amended Gambling License Application** (Note: No fee is required for this application)

Existing Gambling License Change Among Existing  
Corporate Shareholder(s)

Existing Gambling License Change Among Existing  
Partners or LLC/LLP Members

Existing Gambling License Deletion of Owner(s)

Existing Gambling Location Change Application

Existing Gambling License Type Change Application

Other (Explain) \_\_\_\_\_

## Section I

### General Information

**Print or Type**

Name of Applicant \_\_\_\_\_  
(Owning entity such as Sole Proprietor/Partnerships/Corp./LLC/LLP)

Business/Trade Name \_\_\_\_\_  
(An assumed business name must be filed with the Secretary of State and verification provided.)

Mailing Address \_\_\_\_\_  
(P.O. Box or Street)

Address of Premises to be Licensed \_\_\_\_\_  
(Street, Suite No., Building No.)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_  Check if applied for but not yet received.

License Number \_\_\_\_\_ (N/A if not applicable)

\_\_\_\_\_ in County of \_\_\_\_\_  
City Name County Name

## Section II

### Ownership Information

**A. The applicant is a:** Check appropriate box

**Individual(s) / Sole Proprietor(s); List all owners in Section II, Subsection "C"**

**Partnership; List all general and Limited Partners in Section II, Subsection "C"**

(Attach copy of Partnership Agreement: Newly Formed Partnerships-Copy of Application/Certificate for Registration of the Partnership filed with the Secretary of State, Existing Partnerships - Copy of Renewal of Partnership filed with the Secretary of State in the partnership name.)

General  Limited

**Limited Liability Company, List of members in Section II, Subsection "C"**

(Attach a copy of the Articles of Organization as filed with the Secretary of State; organization minutes; a copy of the Certificate of Fact; or Certificate of Existence and other member agreements and an Authorization for Examination in the company's name.)

**Corporation; list all shareholders, officers and directors in Section II, Subsection "C"**

(Attach copy of Articles of Incorporation, By Laws, Certificate of Incorporation; Certificate of Existence or Authority to do Business in Montana; all organizational minutes; share issuance records; copies of share certificates and an Authorization for Examination in the corporate name.)

Check Type of Corporation:

C Corporation

Subchapter S

Publicly Held (Registered with the Securities & Exchange Commission and Traded on a National Stock Exchange)

State in which Incorporated: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Is the corporation registered with the Montana Secretary of State to do business in Montana?

Yes  No  N/A

Is the corporation in good standing with the Secretary of State?

Yes  No If No, explain: \_\_\_\_\_

Identify address where corporate organization records are maintained: \_\_\_\_\_

## Management Information

**B. Provide the following information for each management employee. If applying as an entity, include the manager of the day-to-day operation for the business. Attach management agreement if applicable:**

Gambling    Alcoholic Beverage    Both    N/A

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Salary \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Salary \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Salary \_\_\_\_\_

**Note:** Each individual listed above must submit with this application a Personal/Criminal History Statement (Form 10) and a completed Fingerprint Card and fee.

**C. Provide the information requested below for each:** Check appropriate box (Use additional paper if necessary)

- |  |   |
|--|---|
| <input type="checkbox"/> Individual/Sole Proprietor<br><input type="checkbox"/> General or <input type="checkbox"/> Limited Partnership<br><input type="checkbox"/> Limited Liability Company (Member of...)<br><input type="checkbox"/> Officer of a Corporation<br><input type="checkbox"/> Director of a Corporation<br><input type="checkbox"/> Shareholder of a Corporation<br><input type="checkbox"/> Shareholder owning 5% or more of the stock of a publicly traded corporation | <input type="checkbox"/> Person(s) and/or committee managing the gambling activity under a 26 U.S.C. 501 (c)(3), (c)(4),(8) or (c) (19) organization<br><input type="checkbox"/> Person(s) holding an option to purchase the business or any interest in the business<br><input type="checkbox"/> Other |
|--|---|

Name (First, M.I., Last) \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Number of Shares \_\_\_\_\_

Address \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Number of Shares \_\_\_\_\_

Address \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Number of Shares \_\_\_\_\_

Address \_\_\_\_\_ Percentage of Ownership \_\_\_\_\_

**Note:** Each individual listed above must submit with this application a Personal/Criminal History Statement (Form 10) and a completed Fingerprint Card and fee. Use additional sheet of paper if necessary.

## Ownership Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

**Note:** Failure to provide all applicable documentation will delay the processing of this application.

- Copy of Partnership Agreement documentation
- Copy of Charitable/Non-profit 26 U.S.C. 501 Status
- Copy of Articles of Incorporation and Amendments or Addendums thereto
- Copy of Bylaws and Amendments or Addendums thereto
- Copy of Certificate of Fact - (LLCs and LLPs)
- Copy of Stock Certificates, All Corporate Minutes and Attachments thereto, Stock Ledger or Register and Limited Liability Company Organizational Information
- Copy of Certificate of Existence (for Montana corporations)
- Copy of Authority to conduct Business in Montana (for out-of-state corporations)
- Copy of documentation from the Secretary of State verifying that the use of the assumed business name has been approved
- Copy of FEIN Verification from IRS
- Verification of assumed business name filed with the Secretary of State
- Personal/Criminal History Statement(s) (Form 10)
- Fingerprint Card and Fee
- Other, if Applicable

## Management Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

**Note:** Failure to provide all applicable documentation will delay the processing of this application.

- Copy of Employment, Management and Other Agreement(s) and Contract(s). If you are applying as a corporation, and the officers and/or directors are the managers, their duties must either be covered in the corporate minutes or provide a management agreement.
- Personal/Criminal History Statement(s) on all Management Personnel (Form 10)
- Fingerprint Card and Fee
- Management Information Checklist - Applying as an entity (other than a sole proprietor) you must identify who is managing the daily operation of the business and provide a management agreement of their duties or the duties must be covered in the minutes.

## Section III

### Financial Information

**A. Financial or Ownership Interest:** (Use additional paper if necessary.)

1. Does any person listed in Section II, Subsection "C" have a financial or ownership interest in any other gambling or alcoholic beverage enterprise?

Alcoholic Beverage:  Yes  No If yes, identify below. Gambling:  Yes  No If yes, identify below.

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

2. Do any of the individuals listed in Section II, Subsection "C" have family members with a financial or ownership interest in any other gambling activity or alcoholic beverage enterprise? Include spouse, parents, children, siblings.

Alcoholic Beverage:  Yes  No If yes, identify below. Gambling:  Yes  No If yes, identify below.

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

Indicate Alcoholic Beverage  Gambling

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

Indicate Alcoholic Beverage  Gambling

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

Indicate Alcoholic Beverage  Gambling

3. Do any persons or entities, other than those listed in Section II, Subsection "C", have any financial or ownership interest in, derive income from, or have liabilities associated with the business proposed for licensing?

The list must include, but is not limited to, any person or entity who has a right to share in the profits or has responsibility for a financial obligation associated with the gambling or alcoholic beverage operation (including, assignees, landlords, etc.) or to whom any interest or share of profits has been pledged as security for the performance of a contract or sale related to the business proposed for licensing. Do not include applicant's route operator if the only interest the route operator has is through a lease of vending/gambling machines.

Alcoholic Beverage:  Yes  No If yes, identify below. Gambling:  Yes  No If yes, identify below.

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Enterprise Name \_\_\_\_\_

Address \_\_\_\_\_

4. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever been issued a gambling or alcoholic beverage license by any other agency, state, nation or jurisdiction?

Alcoholic Beverage:  Yes  No If yes, identify below. Gambling:  Yes  No If yes, identify below.

Individual(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

5. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever been denied an alcoholic beverage or gambling license or had adverse action taken against an existing license by any agency, state, nation or jurisdiction? If yes, describe in detail the nature of the violation and resulting adverse action.

Fined  Yes  No \_\_\_\_\_

Denied  Yes  No \_\_\_\_\_

Suspended  Yes  No \_\_\_\_\_

Revoked  Yes  No \_\_\_\_\_

Other Action or Action Pending  Yes  No \_\_\_\_\_

If Yes, list agency, location and date when license action was taken:

Individual(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

Individual(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Type of License \_\_\_\_\_ License Number \_\_\_\_\_

State \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Country \_\_\_\_\_

6. Has the applicant or any owner, partner, shareholder, LLC or LLP member, officer or director ever filed for or been involved in bankruptcy (other than as a creditor)?

Yes  No If Yes, explain current status: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Provide the following information for all of the applicant's operating, investment or any other business account(s). (i.e. saving and checking accounts)

Institution Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Account No. \_\_\_\_\_ Signatory(s) \_\_\_\_\_

Institution Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Account No. \_\_\_\_\_ Signatory(s) \_\_\_\_\_

Institution Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Account No. \_\_\_\_\_ Signatory(s) \_\_\_\_\_

8. Provide the following information for each outstanding loan and/or financial obligation (institutional or non-institutional) obtained or used for the purpose of operating/purchasing this business.

Submit signed copies of all loans/agreements/contracts/notes/letter of commitment, and all related security agreements, guarantees and trust indentures. **Note:** NIL Form 13 must be filed with the application if any lenders or other sources of financing are not state or federally regulated financial institutions. All non-institutional lenders or sources of financing must also file a Personal/Criminal History Statement (Form 10), Authorization for Examination and Release of Information (Form 13) and a completed Fingerprint Card. If necessary, list additional sources of financing on a separate piece of paper.

N/A Check, if not applicable.

Creditor Name \_\_\_\_\_ Date Acquired \_\_\_\_\_ Date Due \_\_\_\_\_

Creditor Address \_\_\_\_\_

Loan Amount \_\_\_\_\_ Loan Number \_\_\_\_\_

Creditor Name \_\_\_\_\_ Date Acquired \_\_\_\_\_ Date Due \_\_\_\_\_

Creditor Address \_\_\_\_\_

Loan Amount \_\_\_\_\_ Loan Number \_\_\_\_\_

Creditor Name \_\_\_\_\_ Date Acquired \_\_\_\_\_ Date Due \_\_\_\_\_

Creditor Address \_\_\_\_\_

Loan Amount \_\_\_\_\_ Loan Number \_\_\_\_\_

9. Complete the following source of funding questions:  N/A Check, if not applicable.

a. Total transaction/purchase price for real and personal property associated with the proposed licensed business:

\$ \_\_\_\_\_

b. Total amount paid at closing on the transaction listed in line a:

\$ \_\_\_\_\_

c. Earnest money deposit / down payment:

\$ \_\_\_\_\_

d. Balance due in contractual payments regarding the transaction listed in line "a" minus the monies line "b" and "c":

\$ \_\_\_\_\_

e. List each source of funding for the amount listed in line "b" and "c".

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

**Note:** Provide verification of source (i.e. checking, savings account, investment, etc.)

10. Has the applicant filed a state and/or federal income tax return for the business?

Yes  No If Yes, submit a signed copy of applicant's most recent filed state and federal income tax returns.

Attach a copy of the applicant's most recent financial statements reflecting the business operation for which the application is being submitted. If the business is prospective or has been operating for less than one year, a balance sheet and an income statement must be estimated. Failure to supply adequate financial information will result in delay, denial or return of this application. You must include:

a. A Balance Sheet (listing all assets, liabilities and owner equity in the business)

b. An Income Statement (list amounts and types of income and expenses for the business.)

11. Are there any persons or business entities, that have an option to purchase any share of the business or property?

Yes  No If Yes, complete the following:

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

**Note:** Submit a copy of option agreement.

**B. IMPORTANT NOTE:** Does the applicant own the building proposed for licensing?

- Yes If yes, provide evidence of ownership (i.e. tax statement or deed and any other associated documents).
- No If no, provide a current or proposed lease, rental or current or proposed purchase agreement showing the applicant has authority to operate in this location, including any other associated or related documents.

**Name All Persons or Entities Listed on:**

1. Lease Contracts:  N/A Submit a copy of all lease and related security agreements associated with the business proposed for licensing.

The Gambling Control Division will not approve a lease which provides for payment of a percentage of business revenue to any Lessor, except for a video gambling machine location agreement.

Lessor \_\_\_\_\_ Lessee \_\_\_\_\_

2. Purchase Agreements:  N/A Submit copies of all purchase documents and related guarantees, mortgages, or security agreements associated with the business proposed for licensing, and all bills of sale, deeds or other documents reflecting title transfer of assets purchased.

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

Terms \_\_\_\_\_

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

Terms \_\_\_\_\_

Seller \_\_\_\_\_ Purchaser \_\_\_\_\_

Terms \_\_\_\_\_

3. Escrow Accounts:  N/A Submit copies of all escrow agreements and supporting documents.

Escrow Agent \_\_\_\_\_ Payee \_\_\_\_\_

Beneficiary \_\_\_\_\_

Escrow Agent \_\_\_\_\_ Payee \_\_\_\_\_

Beneficiary \_\_\_\_\_

Escrow Agent \_\_\_\_\_ Payee \_\_\_\_\_

Beneficiary \_\_\_\_\_

**C. Licensed Business Asset Ownership:**

Does any person or entity other than the applicant own any assets associated with the licensed operation?

- Yes  No If Yes, complete the following:

Assets Approx. Value \_\_\_\_\_ Owner(s) \_\_\_\_\_

Assets Approx. Value \_\_\_\_\_ Owner(s) \_\_\_\_\_

Assets Approx. Value \_\_\_\_\_ Owner(s) \_\_\_\_\_

**Note:** Ownership of an asset utilized in the licensed business by any person or entity other than the applicant requires submission of a written lease and identification of the lease relationship in Section III, Subsection "B."

**D. Will there be Live Card Games on the Premises?**

- Yes  No  Not at this time If Yes, identify who will operate the live card game if other than the licensee.

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_

**Note:** A live card permit is necessary to operate live card games on the premises.

1. Will the person(s) named above be entitled to receive any portion of profits from the operation of the live card games?

Yes  No  Not at this time If yes, the person named above must be licensed by the Gambling Control Division as a Cardroom Contractor prior to operation of the live card game.

**E. Record Keeping:**

1. Who maintains the applicant's financial business records? (Full Name, Address, Phone)

\_\_\_\_\_

2. Who prepares the tax returns, government forms and reports for the applicant? (Full Name, Address, Phone)

\_\_\_\_\_

3. Where are the financial books and records for the applicant's business kept? (Address, Phone)

\_\_\_\_\_

**F. Are there any unsatisfied civil judgments against the applicant or any persons or entities listed in Section II, Subsection "C" at this time?**

Yes  No If Yes, explain.

\_\_\_\_\_

**G. Has the applicant or any persons or entities listed in Section II, Subsection "C" ever been a party to a lawsuit, either as a plaintiff or defendant, if so, provide a detail of each.**

Yes  No If Yes, explain.

\_\_\_\_\_

## Financial Information Checklist

To ensure you complied with the attachment requirements, the following checklist is provided for all entities.

**Note:** Failure to provide all applicable documentation will delay the processing of this application.

- Copy of Loan of Agreement(s), Contracts and Notes and All Related Security Agreements
- Copies of Lease, Rent, Purchase Option and Financing Agreements or other evidence of ownership (must provide documentation of any possessory interest in property where the business is operating)
- Financial Statement(s) (i.e. Balance sheet and income statement or tax return for the business)
- Purchase/Transfer Documents
- Copy of Bank Signature Card for Business Bank Account
- Authorization for Examination and Release of Information, (Form 13) for Non-institutional Lender Only
- Personal/Criminal History Statement (Form 10) for Non-institutional Lender Only
- Fingerprint Card and Fee
- Other, if Applicable

**Section IV**

**Declaration and Authorization**

**APPLICANT'S FORMAL DECLARATION AND AUTHORIZATION  
FOR EXAMINATION AND RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby declare under the penalty of law and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation 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 Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or 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 and/or liquor licensure, whether the records are of a public, private, or confidential nature.

SIGNATURE \_\_\_\_\_

PRINT FULL NAME \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

DATE \_\_\_\_\_

This application must be completed in full, and all requested attachments must accompany it.  
Delay, denial or the return of the application will result if incomplete.

**Additional Information May Be Required During the  
Investigation of Your License Application.**