

TOWN OF BROADUS

210 E HOLT STREET • PO BOX 659 • BROADUS, MT 59317

PH 406-436-2409 • ADMIN@BROADUSMT.GOV

LICENSE APPLICATION FOR BEER/WINE/LIQUOR

The undersigned hereby makes applications for retail license to sell (beer/wine/liquor) in the Town of Broadus as a

_____.
Trade name to be used is _____.

My name is _____.

*I am a holder of a valid license from the State of Montana, under the Montana Beer Act/Montana Retail Liquor License Act, as a _____, which expires _____.

Address of residence: _____.

The location where I propose to carry on business under license hereby applied for is _____

and I understand that the license hereby applied for, if granted, shall not be good for any other location in Broadus without the consent and permission of the Town Council first, and obtained after application.

Mailing address: _____

Emergency contact: _____

Phone number for emergency contact: _____

The Fee of \$ _____ is tendered herewith.

Signature of Applicant _____

Dated this _____ day of _____ 20____

Fee: Full Alcohol License All Businesses \$200
Non-Profit Organization \$100

*** A copy of your State License **MUST** accompany this application.**