

CARD DEALER LICENSE APPLICATION

REQUIREMENTS

1. \$75 License Fee
2. Personal History Statement (Form 10)
3. Two fingerprint cards & \$30 fee
4. Photo & signature taken at a local Motor Vehicle Division Office
5. Check or money order only; cash not accepted

APPLICANT INFORMATION

Name of Applicant _____ Date of Birth _____

Mailing Address _____
Street City State Zip

Phone Number _____ Alternate Phone Number _____

Social Security Number _____ Email _____

I declare under penalty of law that I am the person making this application and the answers contained here are true, correct, and complete to the best of my knowledge.

Signature of Applicant _____ Date _____

Send completed Form 4 and all supporting items to:

Montana Department of Justice, Gambling Control Division • 615 South 27th St., Suite A • Billings, MT 59101

Phone: (406) 896-4300 • Fax: (406) 896-4308

Email: gcd@mt.gov • www.dojmt.gov/gaming/

TEMPORARY LICENSE

If applying for a temporary license, you must appear in person and submit to an investigator for the department this completed application, a Personal History Statement (Form 10), two complete sets of fingerprints, and the accompanying fees. To be approved/issued a temporary license, the fields below must be completed by your employer.

Business Name _____ Account Number _____

Name of Employer _____ Applicant Date of Hire _____

Signature of Employer _____

TEMPORARY LICENSE APPROVAL

Signature of GCD Investigator _____ Date _____