



## **Non-Institutional Loan**

## REPORTING FORM FOR A NON-INSTITUTIONAL LOAN

"Non-institutional lender" or "non-institutional source" means a person other than a state or federally regulated banking or financial institution, a credit union, an investment company, a development company, or other regulated lender as defined in <u>31-1-111</u>, MCA, who loans money to the applicant for a license or to the licensee.

Borrower (applicant or licensee name)			
Business Name (DBA)		Account ID	
Business Phone	Email		
Purpose:			
Acquisition of loan from a non-institutional lender	or source:	AMOUNT \$	
Purpose of the loan (Be specific. Example: to buy the bus	an or other sourc siness; to purchase	e of financing video gambling machines; e	etc.)
List the name(s), address, and social security numbers the loan or financing or acquiring a security interestinvestment account, etc.).			
Name	FE	IN/SSN	
Mailing Address			
Street, Suite No	City		Zip
Source			
Name	FE	IN/SSN	
Mailing Address			
Street, Suite No	City	State	Zip
Source			

Amount of Security Interest	Description of Property Subjec	it to security interest
\$		
\$		
T		
Attach a copy of the loan agreement a contracts or documents. In the case of a cond/or the uniform commercial code ingerprint cards, a personal/criminal his required by Admin. R. Mont. 23.16.120, 42.1 ander oath and submitted to the Division after the country interest. Before any function in the country interest is finalized, the Division in the country interest. The Division may disapproportation or rule.	a transfer of a security interest, attach filings. All persons' providing fundin istory statement, and a \$30.00 fee. NO 2.212 and Mont. Code Ann. § 16-4-401. The er the licensee/applicant signs an agreement from the loan may be received by the agreement issue written confirmation approving	n a copy of the security agreement ng will be required to submit (2) DTE: Information sought by this form is nis form must be completed and signed ont to acquire a non-institutional loan of pplicant/licensee or the transfer of the g the loan, financing or transfer of the
declare under the penalties of false sw hat I have examined this reporting for and complete. I understand if this appl priminal penalties of Mont. Code Ann.	m, including any attachment(s), and th lication or attachment(s) contains fals	nat the responses are true, correct se information I am subject to the
•	99 45-7-202, 45-7-203, and 45-7-208	s, and/or denial/revocation of my
gambling and/or liquor license.		
gambling and/or liquor license. Signature of Borrower	Date _	
Signature of Borrower  Type or Print Name of Borrower	Date _	
gambling and/or liquor license.  Signature of Borrower  Type or Print Name of Borrower  State of	Date On this day of _	
gambling and/or liquor license.  Signature of Borrower  Type or Print Name of Borrower	On this day of	
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Gambling and/or liquor license.  Gignature of Borrower  Type or Print Name of Borrower  Gtate of	On this day of before me a Notary Public for the second Notary Signature  Print Name of Notary	
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Signature of Borrower  Type or Print Name of Borrower	On this day of before me a Notary Public for the second Notary Signature  Print Name of Notary	
gambling and/or liquor license.  Signature of Borrower  Type or Print Name of Borrower  State of  County of	On this day of before me a Notary Public for the second Notary Signature  Print Name of Notary	

## AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION FOR USE IN ASSESSMENT OF A NON-INSTITUTIONAL LENDER DISCLOSED IN THIS ALCOHOLIC BEVERAGE / GAMBLING LICENSE APPLICATION \_\_\_\_\_ (lender), do hereby authorize a review, full disclosure and release of any and all records concerning me to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division or Montana Department of Revenue, Liquor Division that they determine relates to the applicant's qualifications for gambling and/or alcoholic beverage licensure, whether the records are of a public, private, or confidential nature, with the following understanding: 1. The information reviewed, disclosed, or released may be used by the State of Montana to determine whether to issue a gambling and/or alcoholic beverage license to the applicant in accordance with MCA §23-5-176 and/or §16-4-401. 2. I release the providers of the information collected pursuant to this authorization of any liability under state or federal privacy laws and further release the State of Montana, its officers, agents and employees from any liability that may be incurred as a result of the collections and lawful use of the information. 3. If this authorization is not sufficient to obtain access to certain records, I may be requested to execute some other appropriate authorization or release and that any failure to do so may be taken into consideration by the Montana Department of Justice, Gambling Control Division or Montana Department of Revenue, Liquor Control Division in its review of this gambling and/or alcoholic beverage license application. 4. I understand that I may revoke this authorization in writing at any time and that the Montana Department of Justice, Gambling Control Division or Montana Department of Revenue, Liquor Control Division, may take any such revocation into consideration in its review of this gambling and/or alcoholic beverage license application. 5. The validation period for this authorization is not to exceed one year and may be reaffirmed if required by the Montana Department of Justice or Montana Department of Revenue. 6. A photocopy or electronic copy of this authorization has the same force and effect as the original. I declare under the penalties of false swearing and/or the denial/revocation of my gambling and liquor licenses that I have examined this reporting form, including any attachment(s), and that the responses are true, correct and complete. I understand if this application or attachment(s) contains false information I am subject to the criminal penalties of Mont. Code Ann. §§ 45-7-202, 45-7-203, and 45-7-208, and/or denial/revocation of my gambling and/or liquor license. Signature of Lender Date Type or Print Name of Lender \_\_\_\_\_ Email Address of Lender \_\_\_\_\_ On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_, 20\_\_\_\_\_, personally appeared \_\_\_\_\_ State of County of before me a Notary Public for the State of \_\_\_\_\_\_. Mail complete application, required **Notary Signature** documents and fees to: GAMBLING CONTROL DIVISION PO Box 201424 Print Name of Notary HELENA, MT 59620 My Commission Expires www.dojmt.gov/gaming | www.revenue.mt.gov/home/liquor