



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 [31-1-111](#), 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 or other source of financing
(Be specific. Example: to buy the business; to purchase video gambling machines; etc.)

List the name(s), address, and social security number or federal tax identification number for all persons providing the loan or financing or acquiring a security interest and that person's source of funds (for example checking, savings or investment account, etc.).

Name _____ FEIN/SSN _____

Mailing Address _____
Street, Suite No City State Zip

Source _____

Name _____ FEIN/SSN _____

Mailing Address _____
Street, Suite No City State Zip

Source _____

Amount of Security Interest

Description of Property Subject to Security Interest

\$ _____	
\$ _____	

Attach a copy of the loan agreement and/or promissory note, amortization schedule and/or other applicable contracts or documents. In the case of a transfer of a security interest, attach a copy of the security agreement and/or the uniform commercial code filings. All persons' providing funding will be required to submit (2) fingerprint cards, a personal/criminal history statement, and a \$30.00 fee. *NOTE: Information sought by this form is required by Admin. R. Mont. 23.16.120, 42.12.212 and Mont. Code Ann. § 16-4-401. This form must be completed and signed under oath and submitted to the Division after the licensee/applicant signs an agreement to acquire a non-institutional loan or to transfer a security interest. **Before any funds from the loan may be received by the applicant/licensee or the transfer of the security interest is finalized, the Division must issue written confirmation approving the loan, financing or transfer of a security interest.** The Division may disapprove any transaction if it involves an unsuitable source of funding or violates any statute or rule.*

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 Borrower _____ Date _____

Type or Print Name of Borrower _____

State of _____

County of _____

On this _____ day of _____, 20____,

personally appeared _____

before me a Notary Public for the State of _____.

Notary Signature

Print Name of Notary

My Commission Expires

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION FOR USE IN ASSESSMENT OF A NON-INSTITUTIONAL LENDER DISCLOSED IN THIS ALCOHOLIC BEVERAGE / GAMBLING LICENSE APPLICATION

I, _____ (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 _____

State of _____
County of _____

On this _____ day of _____, 20____,
personally appeared _____
before me a Notary Public for the State of _____.

Mail complete application, required documents and fees to:

GAMBLING CONTROL DIVISION
615 South 27th St., Suite A
Billings, MT 59101

Notary Signature

Print Name of Notary

My Commission Expires

www.dojmt.gov/gaming | www.revenue.mt.gov/home/liquor