



LARGE STAKES CARD GAME TOURNAMENT PERMIT APPLICATION & NOTIFICATION FORM

ANNUAL PERMIT FEE \$120.00

CLEAR FORM

APPLICATION MUST BE RECEIVED BY DIVISION AT LEAST 5 BUSINESS DAYS PRIOR TO TOURNAMENT

Establishment Name _____
(e.g. ABC Casino)

Gambling Operator Account Number _____

Mailing Address _____
Street, Suite No City State Zip

Tournament Location _____
Street, Suite No City State Zip

Phone () _____ Email _____

Date(s) and Start time(s) of tournaments _____

Type of Card games to be played _____

Number of permitted tables _____

Number of tournament tables _____

Face value of chips to be used _____

Total amount of entry and reentry fees charged *(may not exceed \$1,875)* _____

Estimated amount of all prizes *(including the amount of any cash prizes or the value of a seat in a higher level tournament)* _____

Card Room Contractor (CRC)? Yes No

Will the tournament be operated by a card room contractor? If yes, please provide CRC name and email address.

Name _____

Email _____

Charitable Tournament? Yes No

If yes, provide name of each charitable, educational or recreational nonprofit organization(s). At least 50% of all entry and reentry fees must be paid to the nonprofit organization(s).

Name _____

Address _____

Progressive Tournament? Yes No

If yes, provide the name and address of each participating location (see page 2 for more space.) Each location participating in the progressive tournament must obtain a separate tournament permit.

Name _____ Name _____

Address _____ Address _____

Name _____ Name _____

Address _____ Address _____

I certify that this information is true and correct.

Licensee Signature

Print Name of Person Signing

Date

ATTACH FEE AND A COPY OF RULES THAT ARE NOT INCLUDED IN THE POKER TOURNAMENT DIRECTOR'S ASSOCIATION RULES (WWW.POKERTDA.COM) AND SEND APPLICATION 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

FOR OFFICE USE ONLY
CHECK NO. _____
AMOUNT _____
TRNYS _____
OF CHARITABLE _____