



## ANTIQUE ILLEGAL GAMBLING DEVICE DEALER LICENSE

THREE YEAR LICENSE FEE \$50.00  
MONTANA CODE ANNOTATED 23-5-153(4)

**For Office Use Only**

Check No. \_\_\_\_\_

Amount \_\_\_\_\_

License No. \_\_\_\_\_

Applicant Name \_\_\_\_\_

*(ABC Manufacturing, Inc.)*

FEIN \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_

*Street, Suite No*

*City*

*State*

*Zip*

Email \_\_\_\_\_

**CHECK THE APPROPRIATE BOXES**

**YES**

**NO**

Are you a licensed gambling operator?

Are you a licensed gambling device manufacturer?

Are you a licensed gambling device distributor?

Are you a licensed route operator?

If yes, explain \_\_\_\_\_

I certify that this information is true and correct.

Signature of Applicant

Print Name of Applicant

Date

**ATTACH \$50.00 FEE 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](mailto:gcd@mt.gov)

[www.dojmt.gov/gaming/](http://www.dojmt.gov/gaming/)

**Staple Payment Here  
Payable to:  
Gambling Control  
Division**