FORM 25 REVISED 3.2022



LIVE KENO/BINGO APPLICATION

Montana Code Annotated 23-5-405-410; 412; 414 Montana Administrative Rules 23.16.1301-1306; 23.16.2404; 23.16.2406-2407

\$250.00 License Fee per Premises

For Office Use Only			
Check No.			
Amount			
Refund			

7230.00 Electise fee per Fremises				
	APPLICANT INFORMATION			
Operator Number				
Establishment Name	shment NameEstablishment Phone			
Email				
Mailing Address	City		State Zip	
Street, Suite NO	Спу		State Zip	
Which Games Are	<u> </u>	ARE YOU AN		
You Licensing?		EXEMPT LOCATION?		
☐ Keno and/or		□ Yes	□No	
□ Bingo	(4), (8	If your organization is exempt under 26 U.S.C. 501(c)(3), (4), (8), or (19), provide a copy of the IRS exemption. If exempt under this section, a fee is not required.		
l cer	CERTIFICATION tify that this information is true ar	nd correct.		
Authorized Signature	Print Name of Person Signing		Date	
	ATTACH FEE AND SEND APPLICATION	то:		
Мо	ontana Department of Justice, Gambling Cont 615 South 27th St., Suite A, Billings, MT 59 Phone: (406) 896-4300 • Fax: (406) 896-4 Email: gcd@mt.gov www.dojmt.gov/gaming/	9101	Staple Payment Here Payable to: Gambling Control Division	