



# SPECIAL BINGO SESSION PERMIT APPLICATION

The application and \$10.00 fee must be received at least  
10 business days prior to start of the special session.  
*Montana Administrative Rule 23.16.2411*

For Office Use Only	
Check No.	_____
Amount	_____
Refund	_____

## APPLICANT INFORMATION

Licensed Entity \_\_\_\_\_

Establishment Name \_\_\_\_\_ Establishment Phone \_\_\_\_\_

Establishment Account Number \_\_\_\_\_ - \_\_\_\_\_ -GOA

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street, Suite No* *City* *State* *Zip*

Location of Session \_\_\_\_\_  
*Street, Suite No* *City* *State* *Zip*

Date of Session \_\_\_\_\_ Time of Session \_\_\_\_\_

Date of Most Previous Session (30 days must lapse between sessions) \_\_\_\_\_

## CERTIFICATION

I certify that this information is true and correct.

\_\_\_\_\_  
Authorized Signature Print Name of Person Signing Date

### ATTACH 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)