



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

Operator Number _____

Establishment Name _____ Establishment Phone _____

Email _____

Mailing Address _____
Street, Suite No City State Zip

Location of Session _____
Street, Suite No City State Zip

Date 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

**Staple Payment Here
Payable to:**

**Gambling Control
Division**

