



GIFTING STATEMENT



SECTION I PURPOSE OF GIFTING STATEMENT

IF GIFTING/TRANSFERRING PERCENTAGE OF OWNERSHIP,
complete this section:

Name of entity/person(s) gifting/transferring percentage of ownership

Name of entity/person(s) receiving percentage of ownership

Percentage of ownership being gifted _____

Upon approval, will need updated Stock Certificates and Stock Ledger, if applicable.

IF GIFTING FUNDS,
complete this section:

Name of entity/person(s) gifting funds _____

FEIN/SSN _____

Mailing Address _____
Street, Suite No *City* *State* *Zip*

Phone (____) _____ Email _____

Name of entity/person(s) receiving gifted funds _____

Amount of funds being gifted _____

Source of Funding _____

Provide documents verifying the source of funding (i.e. 6 months bank statements)

SECTION II
AUTHORIZATION AND RELEASE

**AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION
FOR USE IN ASSESSMENT OF A GIFTING STATEMENT IN THIS ALCOHOLIC BEVERAGE / GAMBLING LICENSE
APPLICATION**

I, _____ (person gifting), do hereby authorize a review, full disclosure and release of any and all records concerning me to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division or Montana Department of Revenue, Liquor Division that they determine relates to the applicant's qualifications for gambling and/or alcoholic beverage licensure, whether the records are of a public, private, or confidential nature, with the following understanding:

1. The information reviewed, disclosed, or released may be used by the State of Montana to determine whether to issue a gambling and/or alcoholic beverage license to the applicant in accordance with MCA §23-5-176 and/or §16-4-401.
2. I release the providers of the information collected pursuant to this authorization of any liability under state or federal privacy laws and further release the State of Montana, its officers, agents and employees from any liability that may be incurred as a result of the collections and lawful use of the information.
3. If this authorization is not sufficient to obtain access to certain records, I may be requested to execute some other appropriate authorization or release and that any failure to do so may be taken into consideration by the Montana Department of Justice, Gambling Control Division or Montana Department of Revenue, Liquor Control Division in its review of this gambling and/or alcoholic beverage license application.
4. I understand that I may revoke this authorization in writing at any time and that the Montana Department of Justice, Gambling Control Division or Montana Department of Revenue, Liquor Control Division, may take any such revocation into consideration in its review of this gambling and/or alcoholic beverage license application.
5. The validation period for this authorization is not to exceed one year and may be reaffirmed if required by the Montana Department of Justice or Montana Department of Revenue.
6. A photocopy or electronic copy of this authorization has the same force and effect as the original.

Signature of Person Gifting _____ Date _____

Type or Print Name _____ Phone _____

State of _____

On this _____ day of _____, 20____,

County of _____

personally appeared _____

before me a Notary Public for the State of _____.

Notary Signature

Print Name of Notary

My Commission Expires

Mail complete application, required documents to:

Gambling Control Division
PO Box 201424
Helena, MT 59620

www.dojmt.gov/gaming
www.revenue.mt.gov/home/liquor