

CHANGE FORM FOR EXISTING ESTABLISHMENT LICENSE

INSTRUCTIONS:

1. If the update involves change of ownership, change of location or change of license category, a **NEW license application form must be submitted.**
2. Complete all required fields.
3. Complete applicable fields that require update(s).
4. Email the completed form to hhsfcs@mt.gov or fax to (406) 444-5055.
5. The update(s) will be entered into the licensing database within 10 business days and an updated license will be printed and mailed to the county (as applicable).

REQUIRED FIELDS:

ESTABLISHMENT NAME ON CURRENT LICENSE ACE HIGH CASINO

LICENSE # FL84624

COUNTY SILVER BOW

DATE 10/20/2022

SANITARIAN MAKING REQUEST HEATHER SHUPE, SIT

REPRINT LICENSE AND MAIL YES NO

PLEASE COMPLETE ONLY THE AREAS REQUIRING UPDATES(S):

UPDATE LICENSEE (OPERATOR) NAME AND/OR MAILING ADDRESS (32 characters max):

UPDATE ESTABLISHMENT NAME/OR LOCATION: (32 character max)

UPDATE:

LICENSE TYPE

SUBTYPE

NUMBER OF ROOMS/UNITS

CONDITIONS

INACTIVATE LICENSE: OOB OWNERSHIP CHANGE MOVED TO NEW LOCATION

REACTIVATE LICENSE:

duplicate license. FL312952 is actual license for this location.

REMINDER: If the update involves change of ownership, change of location or change of license category – a NEW license application form must be submitted.

State Use:

Date corrected: _____

License reprinted and sent to county: