



Mike Kadas  
Director

# Montana Department of Revenue



Steve Bullock  
Governor

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SEP 05 2013

Ravalli County Commissioners

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August 27, 2013

Account ID: 6404392-003-ONP  
License Type: Montana All-Alcoholic  
Beverages License.  
License Number: New License

**Subject:** Application for a New Montana All-Alcoholic Beverages License  
**Applicant:** LHL, LLC – Sole Member – Reeve Benaron  
**LOST HORSE CREEK LODGE**

**Location Address:** 1000 Lost Horse Road, Hamilton, Ravalli County, Montana

## NEWLY LICENSED PREMISES

We need your help to determine if the above applicant and location comply with all laws and ordinances administered by your office. We ask that you please advise us by **September 27, 2013**, if there is a compliance issue. If we do not hear from you concerning a compliance issue, we will assume the laws and ordinances have been met. We would be happy to provide you with any additional information to determine compliance.

It is important for you to understand that local laws are not enforced through the alcoholic beverage licensing process but several factors can influence the issuance of a license or prevent processing of the application:

- Compliance with local laws may influence our final decision; and
- Notification of a local deficiency

I will be happy to assist you if you have questions. Please contact me at the address, telephone number or e-mail below.

Sincerely,

Jessica Burbank  
Compliance Specialist  
Department of Revenue  
Liquor Licensing  
PO Box 1712  
Helena MT 59604-1713  
Telephone (406) 444-3505

Encl. Floor Plan and Application Pages 2,3,9 &12  
Certificate of Service

c: Department of Labor & Industry, Montana Beer and Wine Distributors Association

CERTIFICATE OF SERVICE

I certify that on this 27 day of August, 2013, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

RAVALLI COUNTY COMMISSIONERS  
COURTHOUSE  
205 BEDFORD ST #5001  
HAMILTON MT 59840

RAVALLI COUNTY ATTORNEY  
BILL FULBRIGHT  
COURTHOUSE  
205 BEDFORD ST. #5008  
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN  
215 S 4<sup>TH</sup> STREET STE D  
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF  
CHRIS HOFFMAN  
205 BEDFORD ST #5022  
HAMILTON MT 59840

FIRE PREVENTION AND INVESTIGATION BUREAU  
303 NORTH ROBERTS BOX 201415  
HELENA MT 59620-1417  
ALORENZ@MT.GOV

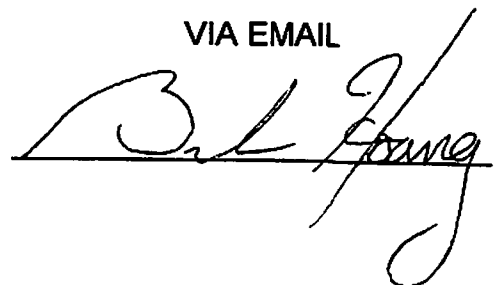
VIA EMAIL

DEPUTY STATE FIRE MARSHAL  
DAWN DROLLINGER  
DDROLLINGER@MT.GOV

VIA EMAIL

BUILDING STANDARDS DIVISION  
STEVE CLARK, BUILDING INSPECTOR  
SCLARK@MT.GOV

VIA EMAIL

A handwritten signature in black ink, appearing to read "Bill Fulbright", is written over a horizontal line. The signature is cursive and somewhat stylized.

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DEPT. OF JUSTICE  
GAMBLING CONTROL BOARD

Section I

Check the Appropriate Boxes to Designate the Purpose of this Application

Alcoholic Beverage

- New Alcoholic Beverage License Application
- Existing Alcoholic Beverage License; Transfer of Ownership
- Existing Alcoholic Beverage License; Licensee Structure Change:  
(Addition of shareholder, member or partner not previously qualified)

Designate the Type of License of Your Application:

- On-Premises Beer
- On-Premises Beer and Wine
- All-Beverage
- Restaurant Beer and Wine
- Resort License

Gambling

An ownership interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.

An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.

- New Gambling
- Gambling Only - No Alcoholic Beverage License is required for Live Keno/Bingo.

General Information

Print or Type

Name of Entity Applying LHL, LLC  
(Owning entity Sole Proprietor/Partnerships/Corp./LLC/LLP i.e. John's Bar LLC)

Business/Trade Name Lost Horse Creek Lodge

Business Address of Premises to be Licensed 1000 Lost Horse Rd, Hamilton, MT 59840  
(Street, Suite No., Building No., City, ST and Zip)

Mailing Address 9363 Monte Mar Dr.  
(P.O. Box or Street, City, ST and Zip)

City Los Angeles State CA Zip 90035

Business Phone ( 406 ) 363-1460 Cell Phone ( 310 ) 346-8612

Fax ( 310 ) 300-2291 E Mail address reeve@sbcglobal.net

Federal Tax I.D. Number \_\_\_\_\_

Alcohol Beverage License Number \_\_\_\_\_  
(N/A if not applicable)

Check this box if you wish all correspondence sent to the attorney who submitted this application on your behalf.

Are the premises for licensing located:

- Within the boundaries of an incorporated city/town. (Liquor and Gambling Licensing)
- Within a distance of five miles of an incorporated city/town. (Liquor Licensing)
- Within an unincorporated city/town or outside the boundaries of, and more than five miles distance from, any city/town whether incorporated or unincorporated. (Liquor Licensing)

Hamilton in the County of Ravalli  
City Name County Name

Section II

### Ownership Information

**A. The applicant is a:** (See information checklist for documents required for each ownership type)

- Individual(s) / Sole Proprietor(s)
- Partnership
  - General  Limited
- Limited Liability Company
- Limited Liability Partnership
- Charitable or Non-Profit Organization qualified Under 26 U.S.C. 501(c)(3), (c)(4), (c)(8) or (c)(9)
- Retirement home or nursing home (Gambling Only)
- Corporation
  - C Corporation
  - Subchapter S
  - Publicly Held

Individuals and Partnerships may wish to apply as Joint Tenants with Rights of Survivorship (JTROS) or Tenants in Common (TENCOM). Make certain each individual with right of survivorship or tenant in common is listed below.

JTROS or  TEN COM

In the spaces below, list all owners, partners, members, officers and/or directors. Each individual listed below must submit 2 completed fingerprint cards, personal/criminal history statement and fees. Use additional sheet of paper if necessary. For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.

Name (First, M.I., Last) <u>Reeve Benaron</u>	Title <u>Managing Member</u>		
Date of Birth _____	Social Security No. _____	Number of Shares <u>50,000</u>	
Address <u>9363 Monte Mar Dr. Los Angeles, CA 90035</u>	Percentage of Ownership <u>100%</u>		
Name (First, M.I., Last) _____ Title _____			
Date of Birth _____	Social Security No. _____	Number of Shares _____	
Address _____	Percentage of Ownership _____		
Name (First, M.I., Last) _____ Title _____			
Date of Birth _____	Social Security No. _____	Number of Shares _____	
Address _____	Percentage of Ownership _____		

Section III

### Management Information

**A. Provide the following information for each management employee. If applying as an entity, include the manager of the day-to-day operation for the business. Attach management agreement if applicable. Each individual listed below must submit 2 completed fingerprint cards, personal/criminal history statement(s) and fee(s).**

- Gambling  Alcoholic Beverage  Both  N/A

Name <u>Reeve Benaron</u>	Date of Birth _____	Social Security No. _____	
Address <u>9363 Monte Mar Dr. Los Angeles, CA 90035</u>	Phone <u>J612</u>	Salary <u>\$3,000.00/mo</u>	
Name <u>Ross Rutherford</u>	Date of Birth <u>09/26/1969</u>	Social Security No. <u>515-84-2014</u>	
Address <u>1217 Daniels Dr. Los Angeles, CA 90035</u>	Phone <u>361-446-0931</u>	Salary <u>\$5,000.00/mo</u>	

## Premises Information

### A. Does the applicant's premises: (Use additional paper if necessary)

1.  Yes  No Have permanently installed walls extending from floor to ceiling?
2.  Yes  No Have a distinct address?
3.  Yes  No Share an address with another business? If Yes, name the business:
4.  Yes  No Have a public external entrance that is shared with another premises for which a gambling operator license has been issued? If Yes, name the business:
5.  Yes  No Share a common internal wall with another premises to which a gambling operator license has been issued? If Yes, explain and submit copy of the floor plan and also name of operator/owners:
6.  Yes  No Have a bar and at least 12 seats at the bar, tables or booths independent of gaming machines?

### B. Describe where the premises is located:

1. Are the entrance doors of the premises proposed for licensing on the same street as, and within 600 feet of, the entrance doors of a building occupied exclusively as a church, synagogue or other place of worship or school (except a commercially operated or post secondary school)?  
 Yes  No
2. Is the premises located within 150 feet of another premises licensed for on-premises alcoholic beverage consumption? (As defined in 23-5-629 MCA)  
 Yes  No If yes, answer all the following questions and include name of premise licensed:
  - Yes  No Does the second premises already have a permit for placement of video gambling machines?
  - Yes  No Is there a structural walkway between the two premises?
  - Yes  No Is the second premises licensee affiliated with the applicant?
  - Yes  No Is there an immediate family member related to the applicant within the ownership structure of the second premises licensee?
  - Yes  No Do the two licensed premises share any common management personnel?
  - Yes  No Would the applicant be considered a parent or subsidiary business entity to the second licensee?
  - Yes  No Does any person or entity within the ownership structure of the applicant share a commonality of business interest with any other person or entity within the ownership structure of the second licensee?
  - Yes  No Are there any contractual agreements or financing agreements between the applicant and the second licensee?
  - Yes  No Are there any investors common to the applicant and the second licensee?

### C. Is the premises within any defined zones:

1.  Yes  No Where the sale of alcoholic beverages is restricted by city or county zoning ordinance?
2.  Yes  No Where gambling is restricted by city or county zoning ordinance?

### D. Is the building ready for use for an alcoholic beverage business: Yes No

1.  Yes  No Is this a newly constructed premises?  
If Yes, indicate an estimated date of occupancy \_\_\_\_\_
2.  Yes  No Is this a remodel of an existing premises?  
If Yes, indicate an estimated date of completion \_\_\_\_\_

### E. Is the premise operated under a concession agreement?

1.  Yes  No If Yes, attach a copy of the concession agreement. Note: ARM 42.12.133 requires certain signage for a premise operated under a concession agreement.

Section VIII

**Declaration and Authorization**

**APPLICANT'S FORMAL DECLARATION AND AUTHORIZATION  
FOR EXAMINATION AND RELEASE OF INFORMATION**

I, REEVE BENARON, hereby declare under the penalty of law and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage or gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure and release to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling and/or liquor licensure, whether the records are of a public, private, or confidential nature.

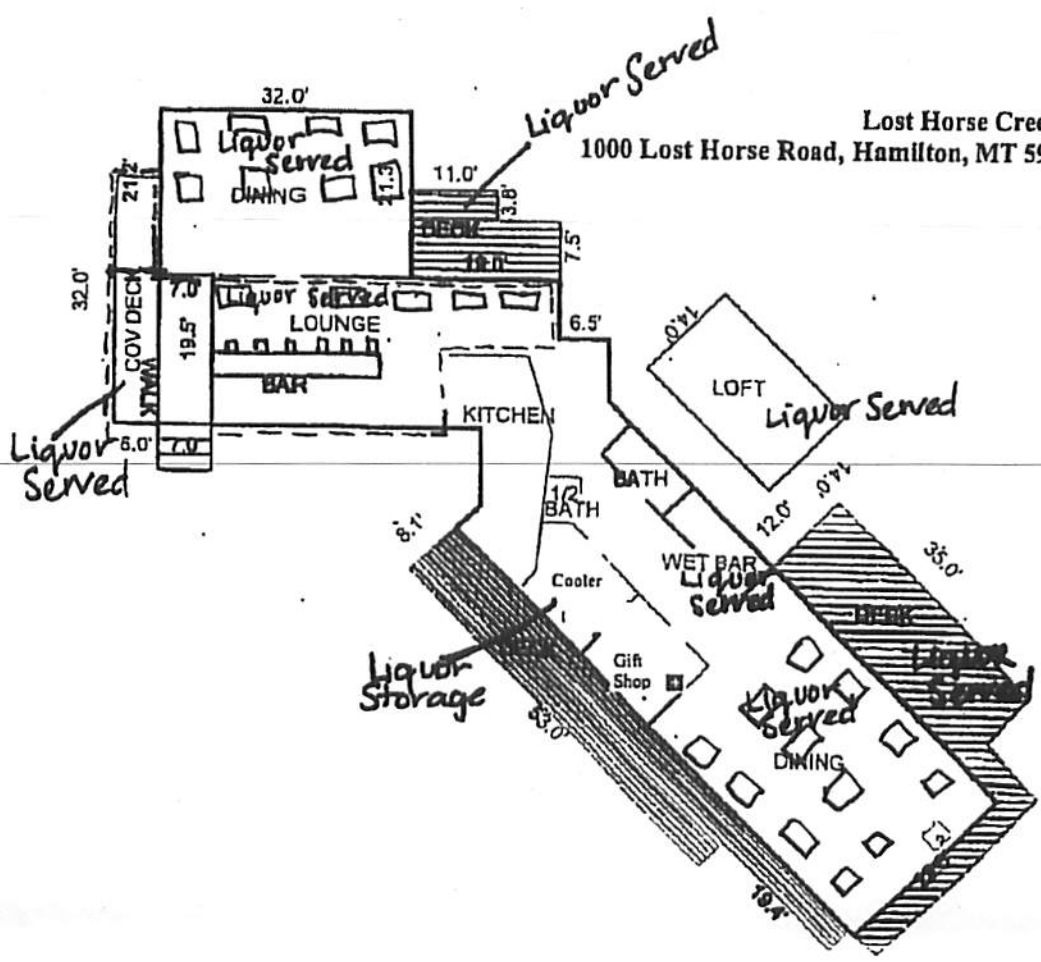
SIGNATURE Reeve Benaron  
PRINT FULL NAME Reeve Benaron  
TITLE/POSITION manager  
DATE 6/26/2013

This application must be completed in full, and all requested attachments must accompany it.  
Delay, denial or the return of the application will result if incomplete.

**Additional Information May Be Required During the  
Investigation of Your License Application.**

NOTARY

Lost Horse Creek Lodge;  
1000 Lost Horse Road, Hamilton, MT 59840



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