



Mike Kadas
Director

Montana Department of Revenue



Steve Bullock
Governor

09-Sep-2013

Account ID: 4011153-004-DWR
Letter ID: L0124770432

License Type: Montana Domestic Winery License

License Number: 97-999-W279-260

RE: Application for Corporate Structure Change for Hidden Legends Winery, 1345 Us Highway 93 N, Victor, Ravalli County, Montana

The above referenced application was received at the Department of Revenue, Liquor Control Division. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by 10-Oct-2013. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level. In addition, if we receive a written protest against the issuance of this license, a public hearing will be scheduled. If no response is received, it will be assumed there are no problems that would affect the issuance of a license.

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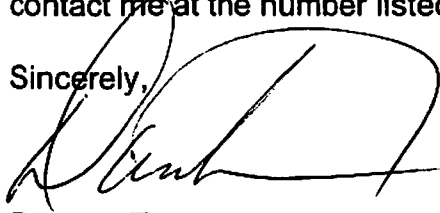
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Ravalli County Commissioners

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If you have any questions concerning this or any other matter, please feel free to contact me at the number listed below.

Sincerely,



Danette Tenneson
Compliance Specialist
PO Box 1712
Helena, MT 59624-1712
Phone: (406) 4444332

c: Annette Rinehart, Department of Labor & Industry



CERTIFICATE OF SERVICE

I certify that on this 10 day of Oct, 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 4TH 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

STATE BUILDING STANDARDS DIVISION
PROGRAM MANAGER
PO BOX 200517
HELENA MT 59620

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

VIA EMAIL





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JUN 18 2013

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Rev 03 11

Dept. of Revenue
Liquor Licensing

Montana Domestic Winery License

Note: Applications for a new license or transfer of location will need approvals from the building, health and fire code officials before we can approve this application.

Section 1 - General Information

Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation, or limited liability company (LLC) list the business' name below.

Name of Applicant(s) GOOD FOUNDATIONS, INC

Federal Employer Identification Number

OR

Social Security Number

Name of Person Managing the Business _____

Doing Business As HIDDEN LEGEND WINERY

Contact Person JOSEPH SCHULTZ

Telephone 406-3103-6323 Fax _____

Cell Phone _____ E-mail Address _____

Location Address 1345 U.S. HWY 93 N. #5 VICTOR, MT 59875
(Street Address, City, State and Zip Code)

Mailing Address 1345 U.S. HWY 93 N #5 VICTOR, MT 59875
(Street Address, City, State and Zip Code)

Section 2 - Type of Transaction and Fees

(This license needs to be renewed on an annual basis by June 30th)

Please check all the boxes that relate to the type of application you are completing and be sure to include the appropriate fee.

- New License
- Transfer of Ownership
- Transfer of Location
- Corporate Structure Change

\$400 New License Fee (Annual Fee is \$200)

\$100 Processing Fee (Required for All Transactions)

Total Amount Enclosed \$ _____

Current License Number 97-999-W279-260

Office Use Only	
Amount Paid \$	_____
Amount Owed \$	_____
New License Number	_____
Account Number	_____



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Section 3 - Corporate Statement

All entities except sole proprietors and individuals please complete the following information for all shareholders, members or partners (please attach additional pages if necessary).

Please Print

1	Name	KEN E. SCHULTZ		SSN	
	Address	P.O. BOX 474 DARBY, MT 59829			
	Date of Birth	Percentage of Ownership. For corporations, also include number of shares. 20% — 1000 SHARES			
2	Name	JOSEPH E. SCHULTZ		SSN	
	Address	606 S. 8 th ST HAMILTON, MT 59840			
	Date of Birth	Percentage of Ownership. For corporations, also include number of shares. 20% — 1000 SHARES			
3	Name	PATRICK H. SCHULTZ		SSN	
	Address	3932 LOGMILL LANE DARBY, MT 59829			
	Date of Birth	Percentage of Ownership. For corporations, also include number of shares. 20% — 1000 SHARES			
4	Name	LISA J. SCHULTZ		SSN	
	Address	P.O. BOX 474 DARBY, MT 59829			
	Date of Birth	Percentage of Ownership. For corporations, also include number of shares. 20% — 1000 SHARES			

Officers and Directors

Name	Address	Title
KEN SCHULTZ	P/O BOX 474 DARBY, MT 59829	PRESIDENT
LISA SCHULTZ	P/O BOX 474 DARBY, MT 59829	SECRETARY/TREASURER
JOE SCHULTZ	606 S. 8 th ST HAMILTON, MT 59840	VICE PRESIDENT
PATRICK SCHULTZ	3932 LOGMILL LANE DARBY, MT 59829	VICE PRESIDENT
ADAM SMITH	40 MARTHA RD COLUMBIA FALLS, MT 59912	DIRECTOR



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ADDITIONAL PAGE FOR SHAREHOLDER INFORMATION

#5- NAME ADAM C. SMITH SSN

ADDRESS 40 MARTHA RD COLUMBIA FALLS, MT 59912
DOB ' '

PERCENT OF OWNERSHIP 20% — 1000 SHARES

Section 4 – Questions

1. Does any applicant, member, shareholder or partner have ownership interest in a retail liquor license, agency liquor store, beer wholesaler or table wine distributor license in Montana?
- Yes If yes, please explain
- No

A manufacturer cannot hold any financial ownership or operational control in an agency liquor store, any retail liquor license, beer wholesaler or table wine distributor license in Montana.

2. Does any person other than the applicant have financial interest in your business?
- Yes If yes, please list the name, address and give a brief description of the involvement (attach additional paper if necessary) _____

No

3. Is the location to be licensed within a zone or area where the sale of alcoholic beverages is not allowed by city or county ordinances?

Yes

No

4. Do you own or are you purchasing the building proposed for licensing?

Yes If yes, please send a purchase agreement or current tax bill.

No If no, please send a lease agreement.

5. Do you own the furniture, fixtures and equipment used at the location?

Yes

No If no, please send a lease or purchase agreement.

6. Is the building complete and ready for use?

Yes

No If no, please provide expected date of completion _____



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Section 5 – Brands (Table Wine Distributors)

Please be aware that all products must be approved by the Montana Department of Revenue prior to distribution in the state. (Please attach an additional page if necessary)

1. Brands and Percentage of Alcohol By Volume of Wine to be Sold in Montana

Brand Name	Percentage of Alcohol By Volume
HIDDEN LEGEND WINERY	TABLE WINE

2. Licensed Montana Table Wine Distributors Who Will Distribute Your Products

Name	Montana Liquor License Number	City/Town

Please be aware that a winery licensed in the state of Montana selling directly to the consumer or the retailer needs to pay the tax on or before the 15th of the month for wine sold in the previous month and complete Montana tax form WIT. This form can be found on our web page at http://revenue.mt.gov/formsandresources/current_year_downloadable_forms/liquor_tax.mcpX.

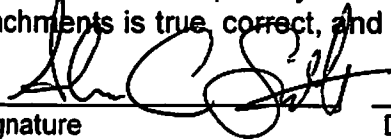


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Section 6 – Declaration and Affidavit

This application needs to be signed by all individuals, partners or members. In the case of a corporate applicant, it may be signed by one shareholder or officer with authority to sign.

I/We declare under penalty of false swearing that the information provided on this application and its attachments is true, correct, and complete.

 _____ Signature	<u>14-JUNE-13</u> _____ Date	<u>ADAM C. SMITH</u> _____ Printed Name	<u>DIRECTOR</u> _____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title

Mail completed application and all required and applicable documents to:

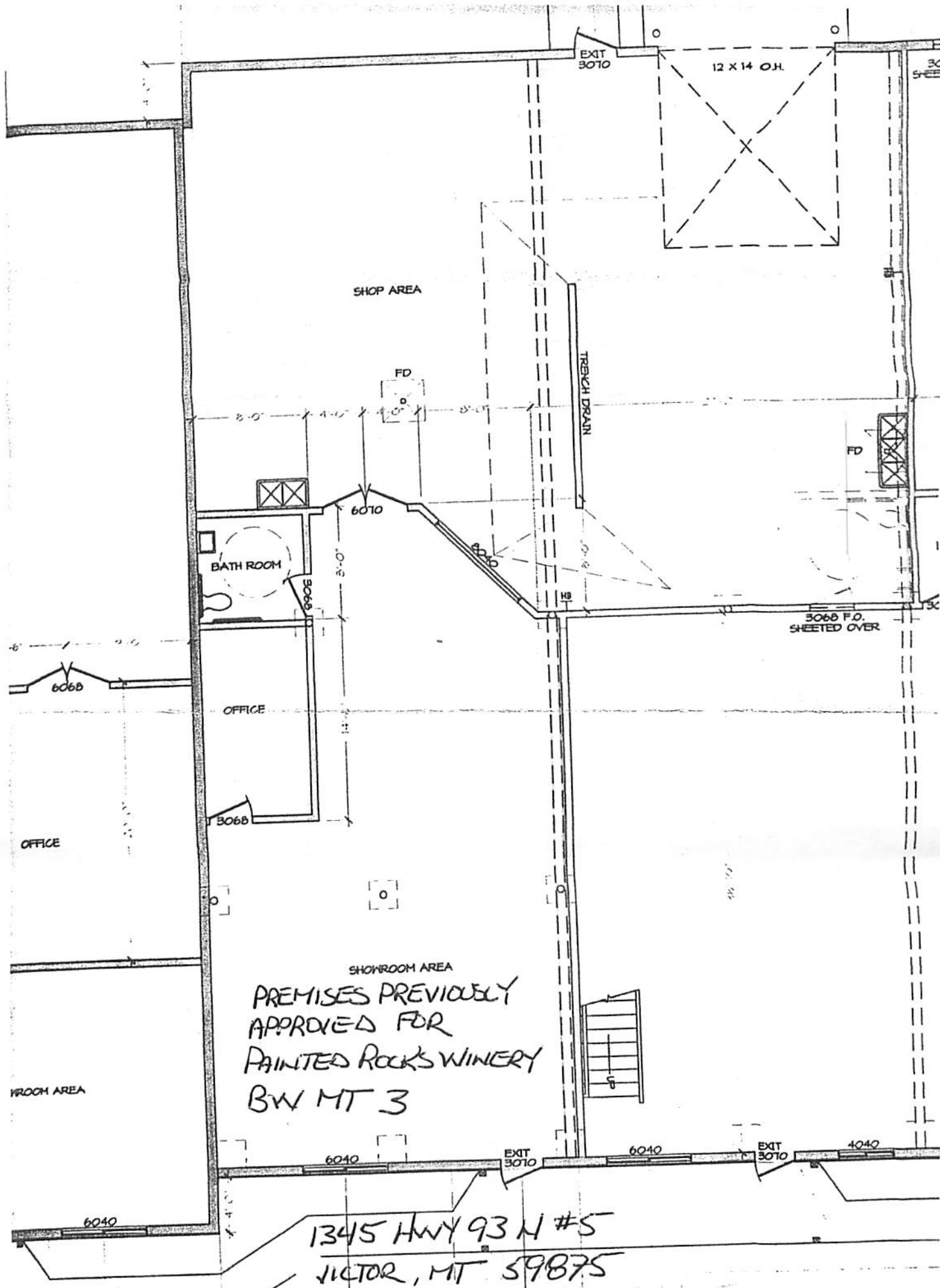
Mail completed application and all required and applicable documents to:

Montana Department of Revenue
Liquor Control Division
PO Box 1712
Helena, MT 59624-1712

Questions? Call us toll free at 1-866-859-2254 (in Helena, 444-6900), or fax 406-444-0722.



11MP0501



PREMISES PREVIOUSLY
 APPROVED FOR
 PAINTED ROCK'S WINERY
 BW MT 3

13415 HWY 93 N #5
 VICTOR, MT 59875

Site Layout

