



Mike Kadas
Director

Montana Department of Revenue



Steve Bullock
Governor

November 1, 2013

RE: Application for Issuance of One Original (NEW) Montana Retail Off-Premises Consumption Beer and Wine License No. 13-999-6590-303, VICTOR SINCLAIR, 2381 Highway 93, Victor, Ravalli County, Montana

NEWLY LICENSED PREMISES

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise us that 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.

This is an application for a new premises; a premises not currently license for the sale of alcohol. Building, health and fire approval will be required before department approval will be considered. If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by **December 1, 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 and we are notified the issue(s) are resolved.**

I would be happy to assist you if you have any questions. Please contact me at the address, phone number or e-mail listed below.

Sincerely,

Susan M. Johnson
Compliance Specialist
Department of Revenue
Liquor Licensing
P O Box 1712
Helena MT 59624-1712
Telephone (406) 444-7927
susanjohnson@mt.gov



Ravalli County Commissioners

NOV 06 2013

RECEIVED

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

CERTIFICATE OF SERVICE

I certify that on this 1st day of November, 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
Dawn Drollinger, State Fire Marshal
ddrollinger@mt.gov

STATE BUILDING STANDARDS DIVISION
PROGRAM MANAGER
PO BOX 200517
HELENA MT 59620
Steve Clark, State Building Inspector
sclark@mt.gov

Susan M Johnson



RECEIVED

AUG 30 2013

Dept. of Revenue
Liquor Licensing

Montana Retail Off-Premises Consumption Beer and Wine License 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 entity name below.

Name of Applicant(s) G. E. Q. FEIN/SSN _____

Contact Person Troy Clark

Trade Name of Business Victor Sinclair

Physical Address of Premises to be Licensed 2381 Hwy 93 Victor mt 59875
(Street Address, City, State)

Is the physical address located within the city limits or county area? (please circle one).

Mailing Address P.O. Box 820 Victor mt 59875
(Street or PO Box, Address, City, State and Zip Code)

Telephone 406-369-2772 Fax _____

Section 2 – Type of Transaction and Fees

(This license must be renewed on an annual basis. The fees are \$200.00 for beer, \$200.00 for wine and \$400.00 for beer and wine.)

Please check the box that applies to the type of application you are completing and include the fee for the type of license you are applying for:

- New License
 - \$ 100.00 One-time Off-Premises Processing Fee (non-refundable)
 - \$ 200.00 Beer License Fee
 - \$ 200.00 Wine License Fee
 - \$ 400.00 Beer and Wine License Fee ✓
 - \$ 27.25 Background Check Processing Fee for each individual (non-refundable) ✓ x 2

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

- Transfer of Location Corporate Structure Change
 - \$ 100.00 Transfer of Location or Corporate Structure Change Processing Fee (non-refundable)
 - \$ 27.25 Background Check Processing Fee for each individual (non-refundable)

Current License Number _____

Beck 2/1/16

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	Shareholder, Member or Partner Name <i>Isabel H. Clark</i>	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership <i>999 = 99%</i>
2	Shareholder, Member or Partner Name <i>M. TROY CLARK</i>	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership <i>1 = 1%</i>
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

Officers and Directors

Name	Address	Title
<i>M. Troy Clark</i>	<i>P.O. Box 520 V. Clark Mt. 59875</i>	<i>Secretary/Treasurer</i>
<i>THEODORE A. CLARK</i>	<i>P.O. Box 820 V. Clark Mt. 59875</i>	<i>PRESIDENT</i>

Section 4 - Questions

1. Is this premises proposed for licensing going to be operated as a
 Grocery Store? Drugstore?
2. Is the building complete and ready for use?
 Yes No If "No" please provide expected date of completion _____
3. Is the location to be licensed within a zone or area where the sale of alcoholic beverages is not allowed by city, county, or tribal ordinances?
 Yes No
4. Do you own or are you purchasing the building proposed for licensing?
 Yes No

Section 5 - Manager Information

Name of the person managing the business Terese A Clark & Troy Clark

Is this person a shareholder member or partner? owner

Yes No If you answered "No" please include your management agreement with this application and enter the date of hire _____

Section 6 - Temporary Operating Authority

Temporary Operating Authority (for sale of alcoholic beverages only) can be requested if the current premises was previously licensed in the last year for the sale of alcohol, and no building, health or fire deficiencies exist. Please be aware that Temporary Operating Authority will be revoked if your employees violate any provisions of Montana Code Annotated or Administrative Rule _____.

Please provide the expected date that Temporary Operating Authority will begin _____

Section 7 - 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 are true, correct and complete.

<u>[Signature]</u> Signature	<u>5-25-2013</u> Date	<u>Terese A Clark</u> Printed Name	<u>[Signature]</u> Title
<u>[Signature]</u> Signature	<u>8-28-13</u> Date	<u>M. TROY CLARK</u> Printed Name	<u>S. P. KENTON, II</u> Title
_____ Signature	_____ Date	_____ Printed Name	_____ Title

Mail completed application and all necessary documents to:

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

Questions? Call us toll free at 1-800-850-2251

Grocery Inventory

A retail license to sell beer or table wine in the original package for off-premises consumption may only be issued to a qualified applicant whose premises proposed for licensing is operated as a "bona fide grocery store" or a drug store licensed as a pharmacy, Montana Code Annotated (MCA), 16-4-115(1). A "bona fide grocery store" is defined in Administrative Rules of Montana, (ARM), 42.12.106 (2).

A retail inventory of \$3,000 will be used as a basis to determine whether your establishment qualifies as a "bona fide grocery store" and must be maintained at all times and have available at least three different types of items in each of the food categories below.

Please list the three different types of food and household items from your retail inventory that you must sell for consumption off-premises.

(Example of three food types in the *meat* category are: canned tuna, bologna or beef jerky; examples in the *vegetables* category are: canned peas, fresh lettuce or frozen corn.)

Meats	<u>BEEF JERKY</u>	<u>PORK SAUSAGE ON STICK</u>	<u>CHICKEN HOT DOGS</u>
Vegetables	<u>CANNED PEAS</u>	<u>CANNED CORN</u>	<u>CANNED BEANS</u>
Fruits	<u>CANNED APPLES</u>	<u>CANNED PEACHES</u>	<u>CANNED PINEAPPLE</u>
Bakery Items	<u>PACKAGED BAKESH</u>	<u>PACKAGED BREADS</u>	<u>BREAD OR PACKAGED DONUTS</u>
Dairy Products	<u>MILK</u>	<u>EGGS</u>	<u>CHEESE</u>
Household Supplies	<u>LAUNDRY SOAP</u>	<u>DISH SOAP</u>	<u>PAPER TOWELS</u>

Please enter the retail inventory dollar amount of your grocery inventory. \$ TO BE ANNOUNCED ONCE STORE IS BEING SET. IT WILL BE AT LEAST 3000. BUT AM TOLD EXPECT 10,000-12000 APPROX.

I certify the retail inventory to be true, correct and complete.

VICTOR SINCLAIR
Business Trade Name

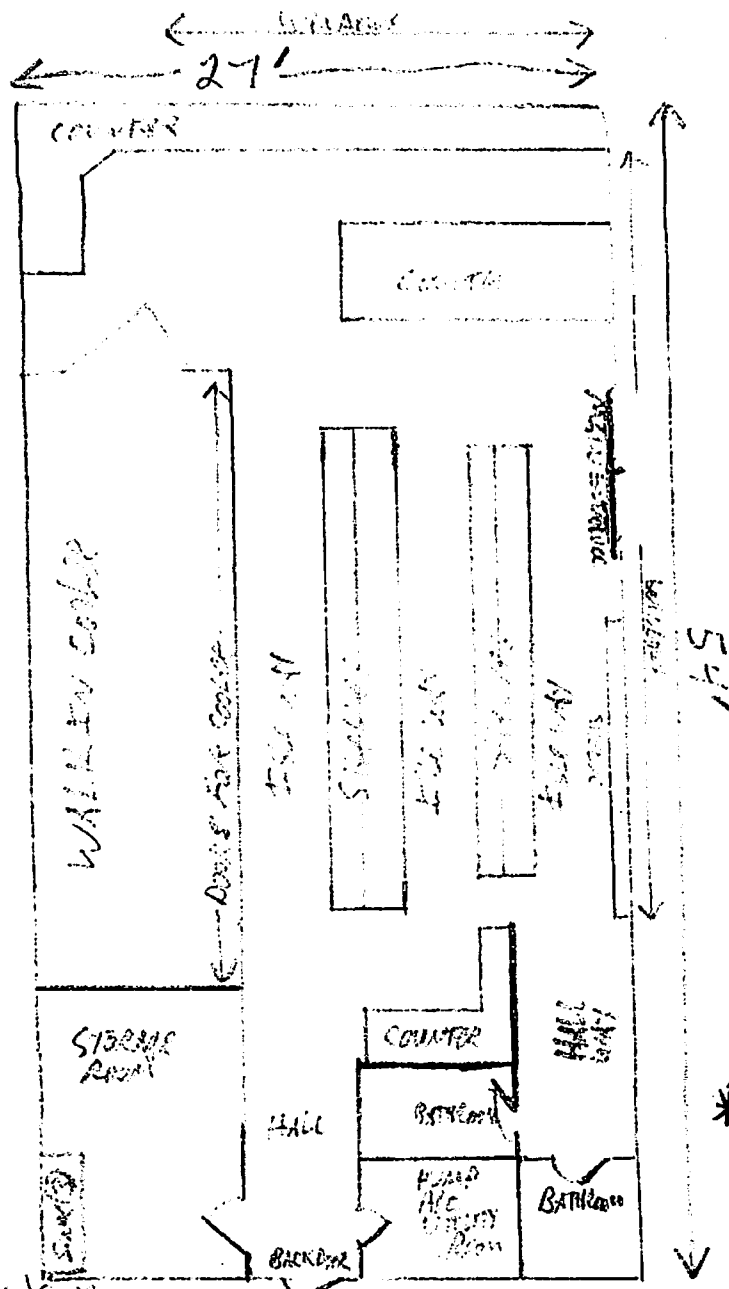
RAVALLI
County

8-28-13
Date

M. Tony Clark
Signature

Floor Plan Exterior Dimensions and General Layout Design

We will accept a prepared design layout on a 8-1/2" x 11" sheet of paper that includes the business trade name, location address and date, or you may use this form to draw your floor plan design.



*NOT TO SCALE
M.T.C.

Victoria Simelone
Business Trade Name

2351 Hwy 93 Victoria, Mont
Address

5' 25' 2013
Date