



Mike Kadas
Director

Montana Department of Revenue

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SEP 29 2014

Ravalli County Commissioners

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Steve Bullock
Governor

18-Sep-2014

Account ID: 6047194-002-DWR

Letter ID: L0103505024

License Type: Montana Domestic Winery License

License Number: 97-999-W490-260

RE: Application for Issuance for Back Road Cider, 98 Marcus St, Hamilton, Ravalli County, Montana

NEWLY LICENSED PREMISES

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.

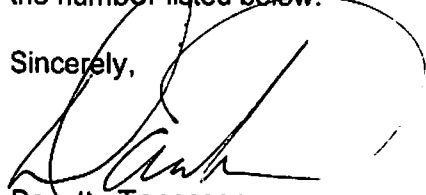
Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

This is an application for a new premises, a premises not currently licensed for the consumption 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 October 19, 2014. 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 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) 444-4332

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

CERTIFICATE OF SERVICE

I certify that on this 19th day of September, 2014, 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:

CITY OF HAMILTON
223 SOUTH 2ND ST
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN
215 S 4TH STREET, STE D
HAMILTON MT 59840

HAMILTON POLICE CHIEF
ALLEN AUCH
203 SOUTH 2ND STREET
HAMILTON MT 59840

FIRE PREVENTION AND INVESTIGATION BUREAU
303 NORTH ROBERTS BOX 201415
HELENA MT 59620-1417

alorenz@mt.gov

DAWN DROLLINGER, DEPUTY STATE FIRE MARSHAL

ddrollinger@mt.gov

CITY OF HAMILTON BUILDING INSPECTOR
LAND HANSEN, CITY BUILDING INSPECTOR
ATTN: KIM
920 NEW YORK AVE.
HAMILTON MT 59840

A handwritten signature in black ink, appearing to be 'D. Hansen', written over a horizontal line.



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SEP 05 2014

MONTANA
DWL
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) HARD CORE LLC

Federal Employer Identification Number

OR

Social Security Number

Name of Person Managing the Business Randy Val Phillips

Doing Business As BACK ROAD Cider

Contact Person Randy V. Phillips

Telephone 406-531-3461 Fax _____

Cell Phone SAME E-mail Address TNTPAM@Gmail.com

Location Address 98 Mareus St. Hamilton, MT, 59840
(Street Address, City, State and Zip Code)

Mailing Address P.O. Box 400 Coevelis, Mt. 59828
(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 \$ 500⁰⁰

Current License Number _____

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



11MP0101

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

Oct. 30th



11MP0301

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.

Randy Val Phillips 9-5-14 Randy Walton Phillips ~~Owner~~ Owner
Signature Date Printed Name Title

Signature Date Printed Name Title

Signature Date Printed Name Title

Mail completed application and all required and applicable documents to:

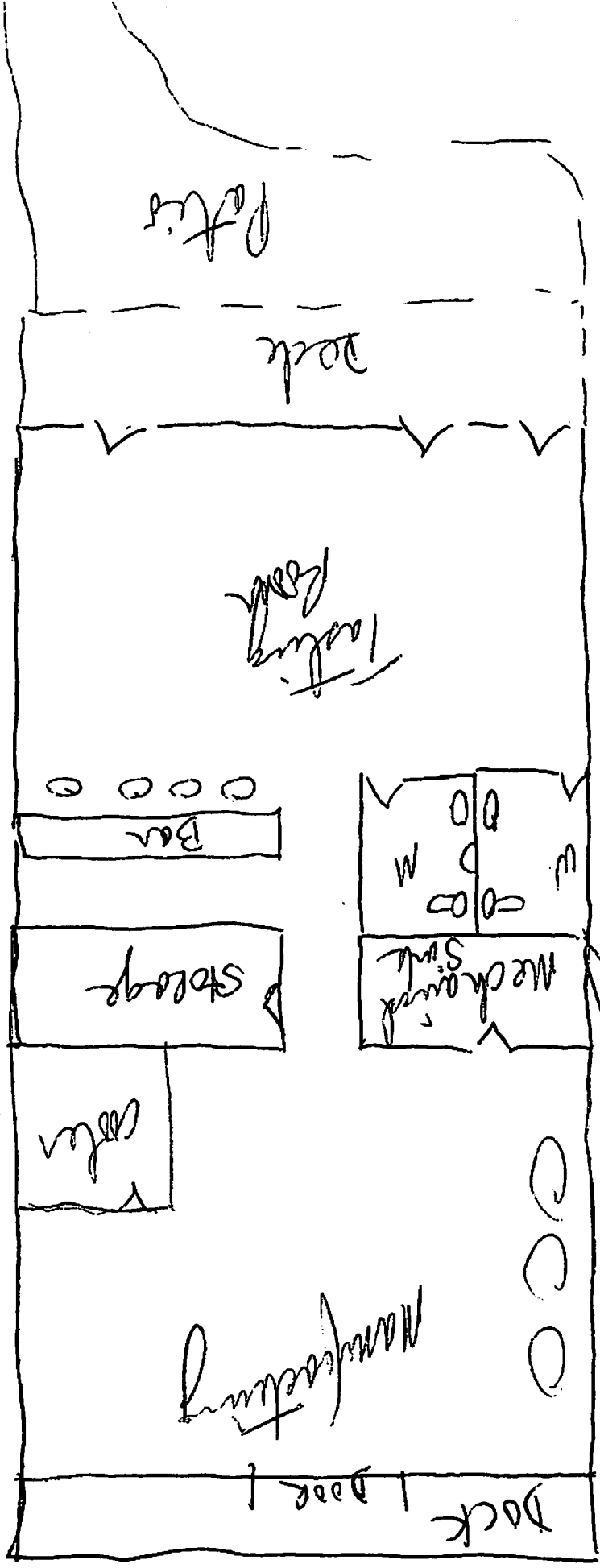
Mail completed application and all required and applicable documents to:

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



10-1-14
 98 Marcus St
 Harrison Rd
 Sq 842
 Backland
 Cider

16'

25'

28'

Patio