



Montana Department of Revenue

RECEIVED



Mike Kadas
Director

DEC 01 2014

Steve Bullock
Governor

November 17, 2014

Ravalli County Commissioners

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RE: Application for Corporate Structure Change of Montana Retail Off-Premises Consumption Beer and Wine License No. 13-999-6573-303, SULA COUNTRY STORE AND RESORT, 7060 US Highway 93 South, Sula, Ravalli County, Montana

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.

If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by **December 17, 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 and we are notified the issue(s) are resolved. **If no response is received, it will be assumed there are no problems that would affect the issuance of a license.**

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

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

CERTIFICATE OF SERVICE

I certify that on this 18 day of November, 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:

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



eSTOP BUSINESS LICENSES

Master Application

Please check appropriate box(es) and complete all applicable information.

eStop Business Licenses is now online! revenue.mt.gov

41121

Business Changes

- Register a new business with eStop. See Section II for fees that apply.
- Update business information, such as mailing address or contact information, etc. No fee.
- Change business structure or entity type. A liquor processing fee may apply. See Section II.
- Add a new physical location to your eStop business. See Section II for fees that apply.
- Purchase of an existing eStop location. Previous owner's Location Number _____

Location Changes - Please provide current Location Number for box(es) selected below _____
Your Location Number is at the upper right-hand section of your eStop license and renewal.

- Relocate to a new physical location. A license fee may apply. See Section II.
- Update location information, such as name/DBA/trade name, etc. No fee.
- Update license information, such as add, increase/decrease, change license type, etc. See Section II for fees that apply.

Section I.

Business Information

Company or Owner Name SULA Management LLC

Federal Employer Identification Number or Social Security Number _____ (required)

Business Mailing Address 7060 US Highway 93 S. City Sula State MT ZIP + 4 59871

Type of Business (please check one and provide additional information if needed):

- | | | |
|---|--|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> S corporation | <input type="checkbox"/> Governmental |
| <input checked="" type="checkbox"/> Limited liability company | <input type="checkbox"/> Association | <input type="checkbox"/> Limited partnership |
| <input type="checkbox"/> C corporation | <input type="checkbox"/> Limited liability partnership | <input type="checkbox"/> Other |
| <input type="checkbox"/> Nonprofit C corporation | <input type="checkbox"/> Partnership | |

Location Information

Assumed Business Name/DBA/Trade Name, etc. _____

Physical Location Address 7060 US Highway 93 S. City Sula State MT ZIP + 4 59871

County RAVALLI Location Phone Number 406-821-1041 Location Fax Number 406-821-1864

Contact Information

Name NANCY Kingsbury Phone Number 406-821-1041
Please Print

Email address NANCY90AT45@HOTMAIL.COM

41122

Important: Please complete Section II (other side of form), if applicable. In all situations, sign and date. All coordinating applications and affidavits must be completed and attached for processing.

License fee and payment information is on the other side of this form.

Signature (required)

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Nancy Kingsbury Signature OWNER/mgr/member Title 12-19-14 Date

Please mail completed form to: eStop Business Licenses, PO Box 8003, Helena, MT 59604-8003
Questions? Call us toll free (866) 859-2254 (In Helena, 444-6900), FAX: (406) 444-7723

Section 2. Premises

1. Please indicate the location of the physical address.
 City Limits County Area
2. Is the building complete and ready for use?
 Yes
 No. The expected completion date is _____
The delay is due to a remodel new construction
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, as the individual or entity on the eStop Master Application, own or are you purchasing the real property, building or building area proposed for licensing?
 Yes. Please provide a warranty deed, purchase agreement or current property tax statement.
 No. Please provide a lease agreement.

Section 3. Type of Off-Premises Business

Please check the license type under which the premises proposed for licensing will operate.

- Grocery store (include a copy of the Grocery Inventory, Form G-1)
- Pharmacy (include a copy of your current pharmaceutical license)
- Stand Alone
If applying for a Stand Alone license type, do you agree to maintain a business gross income of 95% or more from the sale of beer and wine, and that the business gross income of other retail products will not exceed 5%?
 Yes No

Section 4. Temporary Operating Authority

Has this premises been licensed within the last year and no building, health or fire deficiencies exist?

- Yes. Please enter the expected date that Temporary Operating Authority will begin _____
- No. Temporary Operating Authority cannot be granted.

Note: Temporary Operating Authority is granted for the use of the Beer and Wine license only during the time period that your application is being processed.

The department will issue Temporary Operating Authority when we receive verification that the tax information of the current recorded licensee or seller is current. The current recorded licensee (seller) must provide the Liquor Division Authorization to Disclose Tax Information (Form LIQ-AUTH) to the department. This form is available on our website at revenue.mt.gov/formsandresources/downloadable-forms/liquor-licensing.mcp.x. Please be aware that we will revoke Temporary Operating Authority if you or your employees violate any provisions of Montana Code Annotated or Administrative Rules of Montana.

Section 6. Manager Information

Name of person or entity that is managing or that will be managing the business _____

JANEY L KINGSBURY

- This person or entity is a shareholder, member or partner.
- This person or entity was employed as a manager and a current management agreement is on file with the department.
- This manager was recently employed. Date of hire _____

Please include with your application a management agreement for this manager or management company. A management agreement (Form MGR-1) is available on our website at <http://revenue.mt.gov/formsandresources/downloadable-forms/liquor-licensing.mcp>. This form meets the requirement for ARM 42.12.132.

Section 7. Required Documents

1. A Floor Plan (Form F-1) detailing the outside dimensions, general layout and areas where beer and wine will be stored and sold. Please label the floor plan with the date, DBA (doing business as) and address of premises to be licensed.
2. A lease agreement, purchase agreement, warranty deed or current property tax bill verifying the applicant has possessory interest in the real property where the business is located.
3. A Registered Certificate of Existence, Authority or Fact if you are applying as a corporation, company or partnership. In addition, if your DBA is different than the applicant's name, please include the certificate as filed with the Secretary of State's (SOS) Office. In Montana, call (406) 444-3665 or go to <http://app.mt.gov/bes/instruct.html> to register the new entity and DBA by mail or online.
4. A background check fee of \$27.25, personal history statement and two fingerprint cards for each individual with an ownership interest of 10% or more of the license. In certain circumstances, a representative for the licensee will require a background check. Please contact our office toll free at (866) 859-2254, (in Helena) at (406) 444-6900, and we will mail the fingerprint cards to you. Go to your local law enforcement agency to be processed. (Local officials may charge a separate fee for this service).
5. A bank account agreement having the applicant's name, Federal Employer Identification (FEIN) or social security number and authorized signatures.
6. The Liquor Division Authorization to Disclose Tax Information (Form LIQ-AUTH) for each individual and entity that has an ownership interest of 10% or more, and for the current recorded licensee (seller). Please fax the completed Form LIQ-AUTH to Department of Revenue, Business Income Tax Division at (406) 444-6642. The form is available on our website at http://revenue.mt.gov/content/forbusinesses/alcohol_beverage_control/Liquor_Licensing/LIQ_AUTH.pdf.
7. If you have not registered your business with Alcohol and Tobacco Tax and Trade Bureau (TTB), all alcohol beverage dealers must file the TTB F 5630.5d form and mail it to the designated address on the form, or contact TTB's National Revenue Center at (800) 937-8864 or (513) 684-2979.

Grocery Inventory

Section 16-4-115(1). MCA states a retail license to sell beer or table wine in the original package for off-premises consumption only may 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.

ARM 42.12.126(2) "The retail inventory of \$3,000 will be used as a basis for determining whether an establishment qualifies as a "bona fide grocery store". The retail inventory of at least \$3,000 must be maintained at all times. The retail inventory must include at least three different types of items in each of the following food groups: meats, vegetables, fruits, bakery items, dairy products and household supplies. For example, three different types of items in the dairy products group would be a cheese, a milk and a butter, but skim milk, chocolate milk and whole milk would not be considered as three different types of items in the dairy products group."

List three different types of food items you carry within each category listed below. Under Total Inventory state the total dollar retail inventory maintained in these above six food groups.

Three Food Types

Meats	<u>Turkey/Spam</u>	<u>Steak/Hotdogs</u>	<u>Hot Dogs/Spam</u>
Vegetables	<u>Canned Corn</u>	<u>Hot Beans</u>	<u>Beans/Beans</u>
Fruits	<u>Canned Apples</u>	<u>Apples</u>	<u>Oranges - Apples</u>
Bakery Items	<u>Donuts/Porkies</u>	<u>Pizza</u>	<u>Crackers/Danish</u>
Dairy Products	<u>Cheese</u>	<u>Milk/Spam</u>	<u>Eggs/Butter</u>
Household	<u>Paper products</u>	<u>Soap</u>	<u>Cleaner</u>

Total Inventory of Above Food Groups \$ 3-4,000

I certify this inventory to be correct.

Nancy Anderson
Signature

SULA COUNTRY STORE AND RESORT

Trade Name \ County

10/17/14

Date

General Notes

The following information is provided for your reference. It is intended to assist you in understanding the data presented in the report. The information is based on the best available data and is subject to change as more information becomes available. The data is presented in the following order: 1. General information, 2. Detailed information, 3. Summary information. The information is presented in a clear and concise manner to facilitate your understanding of the data. The information is presented in a clear and concise manner to facilitate your understanding of the data.

Table 1

Year	Value	Unit
1980	100	1000
1981	105	1000
1982	110	1000
1983	115	1000
1984	120	1000
1985	125	1000
1986	130	1000
1987	135	1000
1988	140	1000
1989	145	1000
1990	150	1000

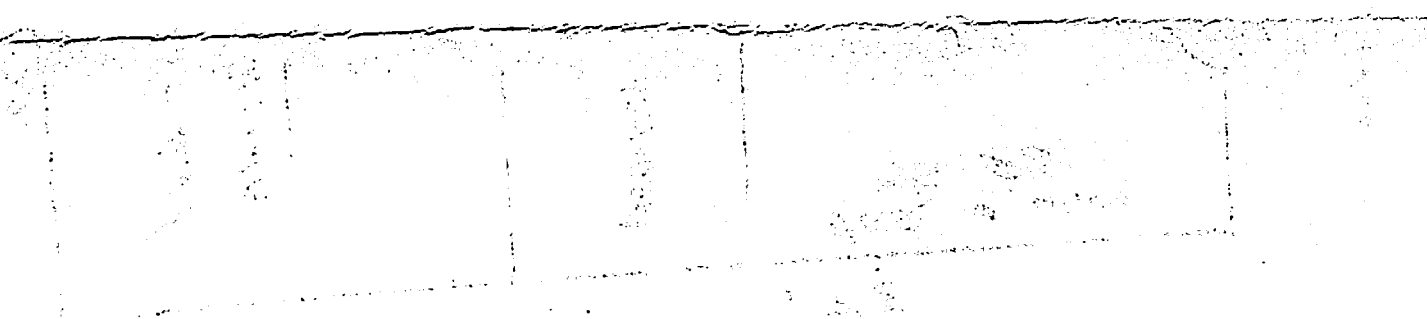
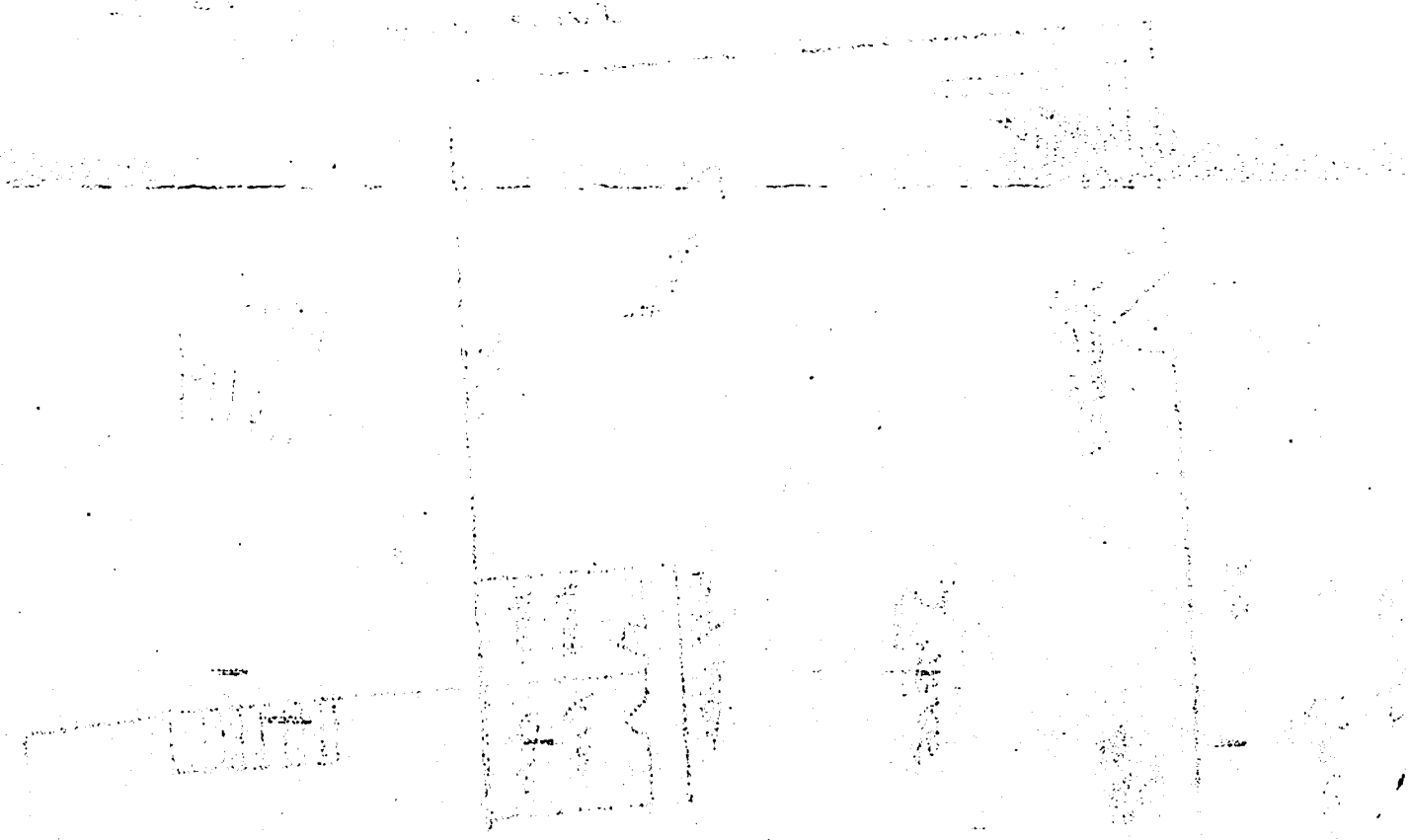
Table 2

Year	Value	Unit
1980	200	1000
1981	205	1000
1982	210	1000
1983	215	1000
1984	220	1000
1985	225	1000
1986	230	1000
1987	235	1000
1988	240	1000
1989	245	1000
1990	250	1000

1940
100

1000
1000
1000

1000
1000
1000



1000
1000
1000

1000
1000
1000