



Mike Kadas  
Director

# Montana Department of Revenue



Steve Bullock  
Governor

02-Mar-2015

Account ID: 6191601-002-DWR

Letter ID: L1623519872

**License Type:** Montana Domestic Winery License

**License Number:** 97-999-W394-260

**RE:** Application for Issuance of One Original NEW Montana Domestic Winery license for Fireroot Winery LLC, 5066 Hoblitt Ln N, Florence, 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 April 02, 2015. 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.

RECEIVED

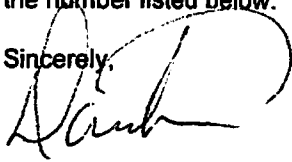
MAR 13 2015

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) 444-4332

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

CERTIFICATE OF SERVICE

I certify that on this 3 day of March, 2015, 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

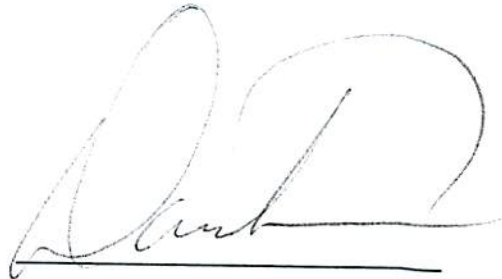
RAVALLI COUNTY ATTORNEY  
BILL FULBRIGHT  
COURTHOUSE  
205 BEDFORD ST. #5008  
HAMILTON MT 59840

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](mailto:alorenz@mt.gov)  
Dawn Drollinger, State Fire Marshal  
[ddrollinger@mt.gov](mailto:ddrollinger@mt.gov)

STATE BUILDING STANDARDS DIVISION  
PROGRAM MANAGER  
PO BOX 200517  
HELENA MT 59620  
Steve Clark, State Building Inspector  
[sclark@mt.gov](mailto:sclark@mt.gov)

A handwritten signature in black ink, appearing to read "Steve Clark", is written over a horizontal line.



RECEIVED

FEB 23 2015

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) Fireroot Winery LLC

Federal Employer Identification Number \_\_\_\_\_

OR

Social Security Number \_\_\_\_\_

Name of Person Managing the Business Hannah Weinert

Doing Business As Owner

Contact Person Hannah Weinert

Telephone (406) 461-4711 Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address hannah.weinert@gmail.com

Location Address 5066 Hoblitt Ln. N. Florence, MT. 59833  
(Street Address, City, State and Zip Code)

Mailing Address 5066 Hoblitt Ln. N. Florence, MT. 59833  
(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 \$ 500<sup>00</sup>

Current License Number \_\_\_\_\_

<b>Office Use Only</b>	
Amount Paid \$	_____
Amount Owed \$	_____
New License Number	_____
Account Number	_____



\*11MP0101\*

### 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 Hannah Weinert	SSN
	Address 5066 Hoblitt Ln. N. Florence, MT. 59833	
	Date of Birth .	Percentage of Ownership. For corporations, also include number of shares. 50%
2	Name Jesse Spaulding	SSN
	Address 5066 Hoblitt Ln. N. Florence, MT 59833	
	Date of Birth .	Percentage of Ownership. For corporations, also include number of shares. 50%
3	Name	SSN
	Address	
	Date of Birth	Percentage of Ownership. For corporations, also include number of shares.
4	Name	SSN
	Address	
	Date of Birth	Percentage of Ownership. For corporations, also include number of shares.

### Officers and Directors

Name	Address	Title
Hannah Weinert	5066 Hoblitt Ln. N. Florence, MT 59833	Co-Owner
Jesse Spaulding	5066 Hoblitt Ln. N. Florence, MT. 59833	Co-Owner



\*11MP0201\*

## 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 April  
January 1<sup>st</sup>, 2015



\*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.

<u><i>Hannah Weinert</i></u> Signature	<u>2/20/15</u> Date	<u>Hannah Weinert</u> Printed Name	<u>Co-Owner</u> Title
<u><i>Jesse Spaulding</i></u> Signature	<u>2/20/15</u> Date	<u>Jesse Spaulding</u> Printed Name	<u>Co-Owner</u> 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\*

