



Mike Kadas
Director

Montana Department of Revenue



Steve Bullock
Governor

March 6, 2017

License Type: Montana Retail Off-Premises Consumption Beer License

Subject: One New Montana Retail Off-Premises Consumption Beer License
Applicant: J and B Liquor Agency, Inc., d/b/a Victor Liquor, Joyce Walczynski and William Walczynski, shareholders

Location Address: 2400 US Highway 93 North, Victor, Ravalli County, Montana

We need your help to determine if the above applicant and location comply with all laws and ordinances administered by your office. We ask that you please advise us by April 6, 2017, if there is a compliance issue.

It is important for you to understand that local laws are not enforced through the alcoholic beverage licensing process, but several factors can influence the issuance of a license or prevent processing of the application:

- Compliance with local laws may influence our final decision; and
- Notification of a local deficiency

I will be happy to assist you if you have questions. Please contact me at the address, telephone number or e-mail below.

Sincerely,

Danette Tenneson
Compliance Specialist
Department of Revenue
Liquor Licensing
PO Box 1712
Helena MT 59604-1712
Telephone (406) 444-4332
DTenneson@mt.gov

Encl. - Application Pages
Certificate of Service

CERTIFICATE OF SERVICE

I certify that on this 6th day of March, 2017, 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
COMMISSIONERS@RC.MT.GOV

RAVALLI COUNTY ATTORNEY
BILL FULBRIGHT
BFULLBRIGHT@RC.MT.GOV

RAVALLI COUNTY SANITARIAN
jfrase@rc.mt.gov
jpalacio@rc.mt.gov

RAVALLI COUNTY SHERIFF
CHRIS HOFFMAN
CHOFFMAN@RC.MT.GOV

DICK SWINGLEY, STATE FIRE MARSHAL
FIRE PREVENTION AND INVESTIGATION BUREAU
diswingley@mt.gov

Dawn Drollinger, Deputy State Fire Marshal
ddrollinger@mt.gov

STATE BUILDING STANDARDS DIVISION
PROGRAM MANAGER
Steve Clark, State Building Inspector
sclark@mt.gov



Moreen Swingley
Compliance Technician

Application Summary

Changes Requested

- New Business
- Purchase Business

Submitted By Joyce E. Walczynski

Phone Number 406-360-4080

Business and Location Information

| | | | |
|----------------------|---------------------------|----------------------|-------------------------|
| Business # | TBD | Location # | 42176 |
| Name | J AND B LIQUOR AGENCY INC | Location Name | VICTOR LIQUOR |
| FEIN | | Address 1 | 2400 US HIGHWAY 93 N |
| Address 1 | 997 JOY ST | Address 2 | |
| Address 2 | | | VICTOR, MT 59875- |
| | CORVALLIS, MT, USA 59828- | Phone Number | 406-642-3805 |
| Phone Number | 406-360-4080 | Fax Number | 406-642-6700 |
| Fax Number | | Email Address | mhaldorson@wildblue.net |
| Email Address | billandjoyce_3@q.com | County | RAVALLI |
| Entity Type | CORPORATION | | |

License Information

| License Type | License Sub Type | Count | Changed? |
|--------------|---------------------------|-------|----------|
| CIGARETTE | TOBACCO PRODUCTS RETAILER | 1 | Yes |
| LIQUOR | OFF-PREMISES BEER | 1 | Yes |

Payment Information

| | | | |
|---------------------|--------------------------------|-----------------------|----------|
| Amount Due | \$405.00 | Payment Amount | \$405.00 |
| Payment Date | 2/11/2017 11:50 AM | | |
| Payment Id | 170211114751ca58c728-8ab6-4333 | | |

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: 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)
- 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 04/01/2017
- 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 to the department. This form is available on our website at <http://revenue.mt.gov/home/liquor/forms.aspx>. 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 5. Corporate Statement

All entities, except sole proprietorships, need to complete the following information for all shareholders, members or partners. (Please attach additional pages if necessary.)

Please Print

| | | |
|---|--|--|
| 1 | Shareholder, Member or Partner Name Joyce E. Walczynski | SSN |
| | Address 997 Joy St., Corvallis, MT 59828 | |
| | Date of Birth | Actual Number of Shares and % of Ownership 500 Shares - 50% Ownership |
| 2 | Shareholder, Member or Partner Name William S. Walczynski | SSN |
| | Address 997 Joy St., Corvallis, MT 59828 | |
| | Date of Birth | Actual Number of Shares and % of Ownership 500 Shares - 50% Ownership |
| 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 (Use additional sheet of paper if necessary.)

| | | |
|---|---|--|
| 1 | Officer or Director Name Joyce E. Walczynski | SSN |
| | Address 997 Joy St., Corvallis, MT 59828 | |
| | Date of Birth | Title President |
| 2 | Officer or Director Name William S. Walczynski | SSN |
| | Address 997 Joy St., Corvallis, MT 59828 | |
| | Date of Birth | Title Vice President, Secretary/Treasurer |
| 3 | Officer or Director Name | SSN |
| | Address | |
| | Date of Birth | Title |
| 4 | Officer or Director Name | SSN |
| | Address | |
| | Date of Birth | Title |