



Mike Kadas
Director

Montana Department of Revenue



Steve Bullock
Governor

June 7, 2017

License Type: Montana All-Alcoholics Beverages with Catering Endorsement License

License Number: 13-999-6402-002

Subject: One New Application

Applicant: Smokin Pup, LLC. Sole Member: Steven M Puppe

Location Address: Smokin Pup Steakhouse & BBQ, 5388 S. U.S. 93, Conner, Ravalli County,
Montana

NEW LICENSED PREMISE

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 July 7, 2017, if there is a compliance issue. If we do not hear from you concerning a compliance issue, we will assume the laws and ordinances have been met. We would be happy to provide you with any additional information to determine compliance. **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.**

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
(406) 444-4332
DTenneson@mt.gov

Encl. Floor Plan and Application Pages
Certificate of Service

CERTIFICATE OF SERVICE

I certify that on this 7 day of June, 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
COURTHOUSE
205 BEDFORD ST #5001
HAMILTON MT 59840
COMMISSIONERS@RC.MT.GOV

RAVALLI COUNTY ATTORNEY
BILL FULBRIGHT
COURTHOUSE
205 BEDFORD ST. #5008 SUITE C
HAMILTON MT 59840
BFULLBRIGHT@RC.MT.GOV

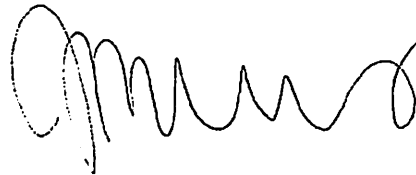
RAVALLI COUNTY SANITARIAN
215 S 4TH STREET STE D
HAMILTON MT 59840
jfrase@rc.mt.gov

ipalacio@rc.mt.gov
RAVALLI COUNTY SHERIFF
CHRIS HOFFMAN
205 BEDFORD ST #5022 SUITE G
HAMILTON MT 59840
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



Jessica Barnes, Compliance Technician

Section II

GENERAL INFORMATION

Name of Entity or Person Applying Smokin Pup, LLC
(Sole Proprietor/Partnerships/Corp/LLC/LLP e.g., Swanny's Bar LLC)

Business Name Smokin Pup Steakhouse and BBQ

Physical Address of Premises to be Licensed 5388 S. U.S. 93, Conner 59827
Street, Suite No City Zip

Mailing Address P.O. Box 428, Hamilton MT 59840
Street, Suite No City State Zip

Business Phone N/A Cell Phone 406-360-4281

Fax _____ Email stvepuppel@aol.com

FEIN _____ Check this box if you wish to receive annual renewals electronically
 N/A (if sole proprietor who will not require hired staff)

Liquor License Number (write "NEW" if new license application) New

ATTORNEY INFORMATION

Check this box and complete below information if you wish to have all correspondence sent to the attorney who submitted this application on your behalf.

Attorney Name John D. Grief Business Phone 406-363-9060

Mailing Address P.O. Box 212 Hamilton MT 59840
Street, Suite No City State Zip

Email Address grieflaw@gmail.com

The premises for licensing is located within:

- the boundaries of an incorporated city/town
- a distance of five miles of an incorporated city/town
- an unincorporated city/town or outside the boundaries of, and more than five miles distance from, any city/town whether incorporated or unincorporated

City of Darby County of Ravalli

Section III

OWNERSHIP & MANAGEMENT INFORMATION

The applicant is a: (See information checklist for documents required for each ownership type)

Ownership Type:

- Individual(s)/Sole Proprietor(s)
- General Partnership
- Limited Partnership
- Limited Liability Company
- Limited Liability Partnership
- Charitable or Nonprofit Organization qualified under 26 U.S.C. 501(c)(3), (c)(4), (c)(8), (c)(10) or (c)(19)
- Retirement home or nursing home (Gambling Only)
- C Corporation
- Subchapter S Corporation
- Publicly Held Corporation

<p>Are any individuals and/or partners Joint Tenants with Rights of Survivorship (JTROS)?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

List all owners, partners, members, officers and/or directors of entity applying. Include SSN for individuals and FEIN for entities. Each individual listed below must submit two completed fingerprint cards, personal/criminal history statements and fees. Use additional sheet of paper if necessary. For applicants that use a multiple entity structure, attach a diagram showing all entities and individuals.

Name (First, MI, Last) Steven M. Puppe Title Member
DOB _____ SSN or FEIN _____ Number of Shares _____
Address P.O. Box 428, Hamilton, MT 59840 Percentage of Ownership 100 %

Name (First, MI, Last) _____ Title _____
DOB _____ SSN or FEIN _____ Number of Shares _____
Address _____ Percentage of Ownership _____ %

Name (First, MI, Last) _____ Title _____
DOB _____ SSN or FEIN _____ Number of Shares _____
Address _____ Percentage of Ownership _____ %

Management Type:

- Entity Individual Owner managed Not known at this time

Provide the following information for each management employee. If applying as an entity, include the manager of the day-to-day operation for the business. Attach management agreement if applicable. Each individual listed below must submit two completed fingerprint cards, personal/criminal history statements and fees.

- Gambling Alcoholic Beverages Both N/A

Name (First, MI, Last) Steven M. Puppe DOB _____ SSN/FEIN _____
Address P.O. Box 428, Hamilton, MT 59840 Salary _____

- Gambling Alcoholic Beverages Both N/A

Name (First, MI, Last) _____ DOB _____ SSN/FEIN _____
Address _____ Salary _____

Section V

PREMISES INFORMATION

A. Does the applicant's premises:

- No Yes Have permanently installed walls extending from floor to ceiling?
- No Yes Have a unique, clearly defined address that is not shared with another business (i.e., suite or unit designated)
- No Yes Have another business operating out of the same premises?
(If yes, name of the business) _____
- No Yes Have a public external entrance that is shared with another premises for which a gambling operator license has been issued?
(If yes, name of business): _____
- No Yes Share a common internal wall with another premises to which a gambling operator license has been issued? If yes, explain and submit copy of the floor plan and also name of operators/owners: _____
- No Yes Have a bar and at least twelve seats at the bar, tables or booths independent of gambling machines?

B. Describe where the premises is located:

- No Yes Are the entrance doors of the premises proposed for licensing on the same street as, and within 600 feet of, the entrance doors of a building occupied exclusively as a church, synagogue or other place of worship or school? (except a commercially operated or post-secondary school)
- No Yes Is the premises located within 150 feet of another premises licensed for on-premises alcoholic beverage consumption? (as defined in 23-5-629, MCA)
Name of second location: _____
- No Yes Does the second premises already have a permit for placement of video gambling machines?
- No Yes Is there a structural walkway between the two premises?
- No Yes Is the second premises licensee affiliated with the applicant? (If yes, please explain) _____
- No Yes Is there an immediate family member related to the applicant within the ownership structure of the second premises licensee?
- No Yes Do the two licensed premises share any common management personnel?
- No Yes Would the applicant be considered a parent or subsidiary business entity to the second licensee?
- No Yes Does any person or entity within the ownership structure of the applicant share a commonality of business interest with any other person or entity within the ownership structure of the second licensee?
- No Yes Are there any contractual agreements or financing agreements between the applicant and the second licensee?
- No Yes Are there any investors common to the applicant and the second licensee?

C. Is the premises within any of the following defined zones where:

- No Yes Sale of alcoholic beverages is restricted by city or county zoning ordinance?
- No Yes Gambling is restricted by city or county zoning ordinance?

D. Is the premises:

- No Yes Ready for use
- No Yes Newly constructed premises? (If yes, indicate an estimated date of completion) _____
- No Yes Remodel of an existing premises? (If yes, indicate an estimated date of completion) _____
- No Yes Operated under a concession agreement? (If yes, attach a copy of the concession agreement.


Note: ARM 42.12.133 requires certain signage for a premises operated under a concession agreement)

Section VII

DECLARATION AND AUTHORIZATION

I, Steven M. Puppe, declare under the penalty of false swearing that I am the applicant or duly authorized representative of the entity making this application and that I have examined the application, including any accompanying information, and that the responses provided herein are true, correct and complete. I understand if this application or attachment(s) contains false information, I am subject to the criminal penalties of Montana Code Annotated 45-7-202, 45-7-203 and 45-7-208, and/or revocation of any alcoholic beverages or gambling licenses granted pursuant to this application.

I further authorize a full review, disclosure and release to any duly authorized officer, agent or employee of the Montana Department of Justice, Gambling Control Division, of any and all records concerning me that the Montana Department of Justice properly determines relate to my qualifications for gambling and/or liquor licensure, whether the records are of a public, private, or confidential nature.

Signature 
Print Full Name Steve Puppe
Title/Position Owner/Manager
Date 5/10/17

This application must be completed in full, and all requested attachments must accompany it.
Delay, denial or the return of the application will result if incomplete.

**Additional information may be required
during the review of your license application.**

Smokin Pup Steakhouse & BBQ
5388 Hwy 93 South
Cohner, MT 59827

RECEIVED BY
MAY 30 2017
DEPT. OF JUSTICE
GAMBLING CONTROL BOARD

