

Chris Taggart

From: Glenda Wiles on behalf of Ravalli County Commissioners Office
Sent: Thursday, September 21, 2017 8:32 AM
To: Chris Taggart
Subject: FW: Info Letter 6429
Attachments: 6425 info updated.pdf

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SEP 21 2017

Ravalli County Planning Dept.

From: Barnes, Jessica [mailto:JBarnes@mt.gov]
Sent: Wednesday, September 20, 2017 11:12 AM
To: Ravalli County Commissioners Office <commissioners@rc.mt.gov>; bfullbright@rc.mt.gov; Jenni Frase <jfrase@rc.mt.gov>; John Palacio <jpalacio@rc.mt.gov>; Steve Holton <sholton@rc.mt.gov>; Swingley, Dick <diswingley@mt.gov>; Drollinger, Dawn <DDrollinger@mt.gov>; Clark, Steve <SClark@mt.gov>
Subject: Info Letter 6429

Hello,
Attached is an info letter for your viewing. Please send any correspondence to:
Jamie Williams
Compliance Specialist
Montana Department of Revenue
Liquor Control Division
Tel: 406.444.0712
Fax: 406.444.0722
JWilliams@mt.gov

If you have any further questions or concerns, please contact me.



Jessica Barnes
Compliance Technician
Montana Department of Revenue
Liquor Licensing
PO Box 1712
Helena MT 59624-1712
(406) 444-4015
jbarnes@mt.gov



CONFIDENTIALITY NOTICE: This e-mail may contain confidential and privileged information. The information contained in this transmission is solely intended for the use of the addressee(s) above. Any disclosure, distribution, copying or use of the information to or by others is strictly prohibited. If you have received this message in error, please advise the sender by immediate email and delete the original message.

DISCLAIMER NOTICE: The information provided is based upon my understanding of the facts as you have presented them and my view of the issues involved. The information does not in any way supersede or augment the statutes and administrative rules that apply to alcoholic beverage licensees. Please keep in mind that you are responsible for your decisions on how to operate your business and the information provided in no way mitigates or excuses any violations, nor will it reduce any penalty or liability you may face for any such violation. Accordingly, I strongly recommend that you consult with an attorney to determine your rights and responsibilities as a licensee.

As you know, the Department cannot provide your client with legal advice; we can, however, provide you with our thoughts on matters based on the information provided, for your consideration in independently forming your legal advice for your client. The information does not in any way supersede or augment the statutes and administrative rules that apply to alcoholic beverage licensees. Please also keep in mind that the Department is not bound by any such information provided and if any action taken by your client is later determined to be out of compliance with the law, the Department may need to take administrative action to uphold the Montana Alcoholic Beverage Code.



Mike Kadas
Director

Montana Department of Revenue



Steve Bullock
Governor

September 20, 2017

License Type: Montana All-Alcoholic Beverages
License Number: 13-999-6429-001

Subject: Newly Licensed Premises
Applicant: Cody Omlid, Sole Member
Location Address: d/b/a Bear's Lair II, 5493 Hwy 93 N, Florence, Ravalli County, Montana

NEWLY LICENSED PREMISES

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 advise us by **October 19**, if there is a compliance issue. We will assume the laws and ordinances have been met if we don't hear from you by that date.

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. Building, health and fire officials will be contacted by the applicant to schedule final inspections.**

It is important for you to understand that local laws are not enforced through the alcoholic beverage licensing process. There are additional factors that can influence the issuance of a license or prevent processing of the application such as:

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

Questions? Please contact me at the address, telephone number or e-mail below.

Sincerely,

Jamie Williams
Compliance Specialist
Montana Department of Revenue
Liquor Control Division
Tel: 406.444.0712
Fax: 406.444.0722
JWilliams@mt.gov

Encl. Floor Plan and Application Pages
Certificate of Service

CERTIFICATE OF SERVICE

I certify that on this 20 day of September, 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

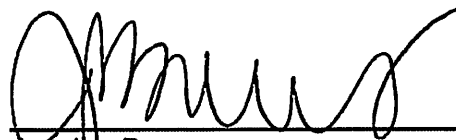
RAVALLI COUNTY ATTORNEY
BILL FULBRIGHT
COURTHOUSE
205 BEDFORD ST. #5008 SUITE C
HAMILTON MT 59840
BFULLBRIGHT@RC.MT.GOV

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

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

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Section II

GENERAL INFORMATION

GAMBLING CONTROL DIVISION

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

Business Name Rear's ~~Bar~~ Lair II

Physical Address of Premises to be Licensed 5493 Hwy 93 N. Florence 59833
Street, Suite No City Zip

Mailing Address 342 Pine Hollow Rd. Stevensville MT. 59801
Street, Suite No City State Zip

Business Phone None - KET Cell Phone (406) 381-0724

Fax _____ Email codyonid@yahoo.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 _____ Business Phone _____

Mailing Address _____
Street, Suite No City State Zip

Email Address _____

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 Florence County of Roanoke

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

Are any individuals and/or partners
Joint Tenants with Rights of Survivorship (JTROS)?

No Yes

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) Cody W. David Title Owner
 DOB 11/11/1980 SSN or FEIN _____ Number of Shares _____
 Address 342 Pine Hollow Rd. Stevensville Mt. State 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) Cody W. David DOB _____ SSN/FEIN _____
 Address 342 Pine Hollow Rd. Stevensville Mt. State Salary 1500/month

- 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) 6/1/2018
- 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)

ONLY COMPLETE IF GAMBLING WILL BE AT LOCATION

Section VII

DECLARATION AND AUTHORIZATION

I, Cody Onlid, 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 Cody Onlid
Print Full Name Cody Onlid
Title/Position Owner / Manager
Date 8-2-17

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.**

Bear's ~~Casino~~ ^{Lain II}
Florence, Mt.

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SEP 05 2017

GAMBLING CONTROL DIVISION

