



Mike Kadas
Director

Montana Department of Revenue



Steve Bullock
Governor

December 7, 2017

License Type: Montana Retail On-Premises Consumption Restaurant Beer and Wine License
License Number: 13-840-6439-401

Subject: Transfer of Ownership
Applicant: Sundance Cheesecake Corp. – Members with 10% or more: Helen Fessler and Curtis Fessler
Location Address: d/b/a Sundance Cafe, 900 South 1st Street, Hamilton, Ravalli County, Montana

EXISTING 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 **January 5, 2018**, 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.

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
Department of Revenue
Liquor Licensing
PO Box 1712
Helena MT 59604-1712
Telephone (406) 444-0712
JWilliams@mt.gov

Encl. Floor Plan and Application Pages
Certificate of Service

General Information

The applicant is a: Corporation

Ownership Type: Subchapter S

Is this a Montana Business? Yes No N/AJoint Tenants with Rights of Survivorship (JTROS)? Yes No N/A

Name of Entity Applying: SUNDANCE CHEESECAKE CORP

Business Name (DBA): SUNDANCE CAFE

FEIN: 82-3270643

Business Address of Premises to be LicensedStreet Address

900 S 1ST ST

Street Address 2Street Address

125 PONCE DE LEON COURT

Street Address 2Unit TypeUnitUnit TypeUnitCity

HAMILTON

City

HAMILTON

State

MONTANA

State

MONTANA

Zip/Postal Code

59840

Country

USA

Zip/Postal Code

59840

Country

USA

Business Contact InformationContact Name

HELEN FESSLER

Business Phone

406-363-2810

Cell Phone

406-546-9995

FaxEmail

helenjmontgomery@gmail.com

Are the premises for licensing located:

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

City

HAMILTON

County

RAVALLI

Preparer Contact InformationPreparer NameBusiness PhoneCell PhoneFaxEmailAddress

Ownership InformationDoes this business have multiple ownership tiers? Yes No N/A**Ownership Information**

Type	Name	DOB	SSN	Shares	Address	City	State
Individual(s)	HELEN FESSLER	27-Sep-1978	[REDACTED]	50	125 PONCE DE LEON COURT	HAMILTON	MT
Individual(s)	CURTIS FESSLER	25-Sep-1979	[REDACTED]	50	125 PONCE DE LEON COURT	HAMILTON	MT

Officers and Directors

Name	Title	DOB	SSN	Address
HELEN FESSLER	PRESIDENT	27-Sep-1978	[REDACTED]	125 PONCE DE LEON COURT HAMILTON MT 59840
CURTIS FESSLER	VICE PRESIDENT	25-Sep-1979	[REDACTED]	1250PONCE DE LEON COURT HAMILTON MT 59840

Management Information

Who will manage your business operations? Individual

- Managing Entity information is not available at this time
- Individual Manager information is not available at this time

Managing Individuals

Name	DOB	SSN	Phone	Salary	Address
HELEN FESSLER	[REDACTED]	[REDACTED]	4065469995	0.00	125 PONCE DE LEON COURT HAMILTON MT 59840
CURTIS FESSLER	2	[REDACTED]	4063608376	0.00	125 PONCE DE LEON COURT HAMLITON MT 59840

Premises Information

1. Does the applicant's premises:

- a. Have permanently installed walls extending from floor to ceiling? Yes No N/A
- b. Have a unique, clearly defined address that is not shared with another business? (i.e. Suite or Unit Designated) Yes No N/A
- c. Have another business operating out of the same premises? Yes No N/A
- d. Have a public external entrance that is shared with another premises for which a gambling operator license has been issued? Yes No N/A
- e. Share a common internal wall with another premises to which a gambling operator license has been issued? Yes No N/A
- f. Have a bar and at least 12 seats at the bar, tables or booths independent of gaming machines? Yes No N/A

2. Describe where the premises is located:

- a. 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)? Yes No N/A
- b. Is the premises located within 150 feet of another premises licensed for on-premises alcoholic beverage consumption? (As defined in 23-5-629 MCA) Yes No N/A
1. Does the second premises already have a permit for placement of video gambling machines? Yes No N/A
2. Is there a structural walkway between the two premises? Yes No N/A
3. Is the second premises licensee affiliated with the applicant? Yes No N/A
4. Is there an immediate family member related to the applicant within the ownership structure of the second premises licensee? Yes No N/A
5. Do the two licensed premises share any common management personnel? Yes No N/A
6. Would the applicant be considered a parent or subsidiary business entity of the second licensee? Yes No N/A
7. 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? Yes No N/A
8. Are there any contractual agreements or financing agreements between the applicant and the second licensee? Yes No N/A
9. Are there any investors common to the applicant and the second licensee? Yes No N/A

Fees

<u>Fee</u>	<u>Amount</u>
Fingerprint Fee	54.50
Restaurant Annual License Fee	400.00
Alcoholic Bev Processing Fee	400.00

Declaration & Authorization

Applicant's formal declaration and authorization for examination and release of information.

I hereby declare under the penalty of law and/or the revocation of any licenses granted pursuant hereto, that I am the applicant or duly authorized representative of the firm or corporation 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 criminal penalties of Section 45-7-202, 45-7-203 and 45-7-208, Montana Code Annotated, and/or revocation of any alcoholic beverage 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 qualification for gambling and/or liquor licensure, whether the records are of a public, private, or confidential nature.

By checking this box, I agree to the above statement(s)

Full Name

HELEN J FESSLER

Title/Position

PRESIDENT

Date

09-Nov-2017

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 investigation of your license application.

Sundance Cheesecake Café Floorplan (Exterior dimensions 30' x 41')

LIQUOR LICENSE # 13-840-6439-401

← North

