



Dan Bucks
Director

Montana Department of Revenue

RECEIVED



Brian Schweitzer
Governor

JAN 30 2012

Ravalli County Commissioners

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January 9, 2012

RE: Application for Transfer of Ownership of Montana All-Alcoholic Beverages License No. 13-999-6406-001, VICTOR STEAKHOUSE, 2426 Meridian Road, Victor, Ravalli County, Montana

The above referenced application was received at the Department of Revenue, Liquor Licensing. 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.

If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by **February 6, 2012**. 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. If no response is received, it will be assumed there are no problems that would affect the issuance of a license.

If you have any questions, please call (406) 444-0710.

Sincerely,

Jason Schilling
Compliance Specialist
Department of Revenue
Liquor Licensing
P O Box 1712
Helena MT 59624-1712

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

CERTIFICATE OF SERVICE

I certify that on this 6th day of January, 2012, 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 4TH ST STE D
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF
CHRIS HOFFMAN
205 BEDFORD ST #5022
HAMILTON MT 59840

ADMINISTRATIVE ASSISTANT
FIRE PREVENTION AND INVESTIGATION BUREAU
303 NORTH ROBERTS BOX 201415
HELENA MT 59620-1417

DEPARTMENT OF LABOR AND INDUSTRY
BUILDING CODES BUREAU
ATTN: BOB ROLLINS
PO BOX 200517
HELENA MT 59620-0517



Check the Appropriate Boxes to Designate the Purpose of this Application

Alcoholic Beverage

- New Alcoholic Beverage License Application
- Existing Alcoholic Beverage License; Transfer of Ownership Application
- Existing Alcoholic Beverage License; Corporate Structure Change
- Existing Alcoholic Beverage License; Transfer of Location Application
- Existing Alcoholic Beverage License; Death of Licensee

Designate the Type of License of Your Application:

- On-Premises Beer
- On-Premises Beer/Wine
- All-Beverage
- Restaurant Beer/Wine
- Resort License

Gambling

An ownership interest in a licensed gambling operation may not transfer an interest in the operation to a stranger to the license until a new gambling license application reflecting the proposed transfer is submitted to the department and the department approves the transfer.

An ownership interest in a licensed gambling operation may not be transferred to another owner or group of owners of an interest or interests in the same licensed gambling operation without submitting an amended gambling license application to the department and obtaining department approval.

New Gambling

New Gambling - No Alcoholic Beverage License is Required for Live Keno/Bingo.

Amended Gambling License Application (Note: No fee is required for this application)

Existing Gambling License Change Among Existing Corporate Shareholder(s)

Existing Gambling License Deletion of Owner(s)

Existing Gambling License Change Among Existing Partners or LLC/LLP Members

Existing Gambling Location Change Application

Existing Gambling License Type Change Application

Other (Explain) _____

Section I

General Information

Print or Type

Name of Applicant TLN, CoeP

(Owning entity such as Sole Proprietor/Partnerships/Corp./LLC/LLP)

Business/Trade Name _____

(An assumed business name must be filed with the Secretary of State and verification provided.)

Mailing Address 158 West View Drive, Victor Mt 59875

(P.O. Box or Street)

Address of Premises to be Licensed 2426 Meridian Road, Victor Mt 59875

(Street, Suite No., Building No.)

City Victor

State MT

Zip 59875

Business Phone (406) 642-3300

Cell Phone (406) 239-1744

Fax (_____) _____

Federal Tax I.D. Number _____

Check if applied for but not yet received.

Alcohol Beverage License Number _____

(N/A if not applicable)

Are the premises for licensing located:

Within the boundaries of an incorporated city/town (Gambling Licensing.)

Within a distance of five miles of an incorporated city/town (Alcoholic Beverage Licensing.)

Within an unincorporated city/town or outside the boundaries of and more than five miles distance from any city/town whether incorporated or unincorporated (Alcoholic Beverage Licensing.)

Victor

City Name

in County of

Ravalli

County Name

C. Provide the information requested below for each: Check appropriate box (Use additional paper if necessary)

- | | |
|---|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Person(s) holding an option to purchase the business or any interest in the business |
| <input type="checkbox"/> General or <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Limited Liability Company (Member of...) | <input type="checkbox"/> Check this box if ownership in the alcoholic beverage license is also held as Joint Tenants with Rights of Survivorship (JTROS) or Tenants in Common (TEN COM) and make certain each individual with rights of survivorship or common are listed below. |
| <input checked="" type="checkbox"/> Officer of a Corporation | <input type="checkbox"/> JTROS or <input type="checkbox"/> TEN COM |
| <input type="checkbox"/> Director of a Corporation | |
| <input checked="" type="checkbox"/> Shareholder of a Corporation | |
| <input checked="" type="checkbox"/> Shareholder owning 5% or more of the stock of a publicly traded corporation | |
| <input type="checkbox"/> Person(s) and/or committee managing the gambling activity under a 26 U.S.C. 501 (c)(3), (c)(4),(8) or (c)(19) organization | |

Name (First, M.I., Last) Terri Lynn Kammerer - Evers Title Reg. Agent. Mgr
 Date of Birth [REDACTED] Social Security No. [REDACTED] Number of Shares 1,000
 Address 158 W. View Drive, Victor, Mt. 59875 Percentage of Ownership 50%

Name (First, M.I., Last) Chandell N. Friede Title _____
 Date of Birth [REDACTED] Social Security No. [REDACTED] Number of Shares 1,000
 Address 158 W. View Drive, Victor, Mt 59875 Percentage of Ownership 50%

Name (First, M.I., Last) _____ Title _____
 Date of Birth _____ Social Security No. _____ Number of Shares _____
 Address _____ Percentage of Ownership _____

Note: Each individual listed above must submit with this application a Personal/Criminal History Statement (Form 10) and a completed Fingerprint Card and fee. Use additional sheet of paper if necessary.

I hereby request smoking exception and affirm that 60% of the revenue generated by this business will be from the sale of alcoholic beverages and/or gambling. Yes I do not request smoking exception. No

D. Charitable, Religious, Veterans' or Fraternal Organization

If the applicant is a charitable, religious, veterans' or fraternal organization, complete the following information.

If not applicable indicate: N/A

Date qualified for exemption under 26 U.S.C. 501 (c)(3), (c)(4), (c)(8) or (c)(19):

Month _____ Day _____ Year _____

Date local charter issued or post organized:

Month _____ Day _____ Year _____

Has national organization been in existence for a period of five years prior to January 1, 1949? Yes No

Provide Address of National Headquarters:

Street Address _____

City _____ State _____ Zip _____

A copy of your organization or post charter must accompany this application.

Location of Gambling Premises:

Street Address _____

City _____ State _____ Zip _____

How many days, per year, is gambling conducted at this location? _____ Days

C. Is the premises within any defined zones:

1. Where the sale of alcoholic beverages is restricted by city or county zoning ordinance?
 Yes No
2. Where gambling is restricted by city or county zoning ordinance?
 Yes No

D. Is the building ready for use for an alcoholic beverage business: Yes No

1. Is this a newly constructed premises?
 Yes No If Yes, indicate an estimated date of occupancy _____
2. Is this a remodel of an existing premises?
 Yes No If Yes, indicate an estimated date of completion _____

E. Submit a copy of the floor plan area to be licensed, using approximate dimensional measurements, including external dimensions and general layout – on an 8-1/2" x 11" sheet of paper and number of tables and chairs indicated. If you are applying for a restaurant beer and wine license, be sure the floor plan has the service bar area clearly designated thereon.

Note: On the floor plan you will need to clearly mark the areas where alcohol will be served, stored and consumed. The floor plan must contain outside dimensions, the name of the establishment, physical address, alcoholic beverage license number (if applicable) and date of submittal.

See attached

Section VII

Declaration and Authorization

APPLICANT'S FORMAL DECLARATION AND AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

I, Teel Kannece-Eveed, 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 the 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 qualifications for gambling and/or liquor licensure, whether the records are of a public, private, or confidential nature.

SIGNATURE *Teel Kannece-Eveed*
PRINT FULL NAME Teel L. Kannece-Eveed
TITLE/POSITION Reg Agent / Owner
DATE 9-21-11

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.

Tables = 32
Chairs = 170

