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NOV 07 2019

Governor Steve Bullock

Director Gene Walborn

Ravalli County Commissioners

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November 7, 2019

License Type: Montana Retail Off-Premises Consumption Beer and Wine License  
License Number: 13-999-6434-303

Subject: Newly Licensed Premises  
Applicant: 2 R Properties, LLC – Members: Thomas Stewart, Cindy Stewart  
Location Address: d/b/a Conner Store & Deli, 159 Conner Cutoff Road, Conner, 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 **November 18, 2019**, 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 distribution 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,

Patty Kautz  
Compliance Specialist  
Alcoholic Beverage Control Division  
PO Box 1712  
Helena MT 59624-1712  
Phone: (406) 444-0017  
Email: [pkautz@mt.gov](mailto:pkautz@mt.gov)

Enclosure: Floor Plan and Application Pages  
Certificate of Service

CERTIFICATE OF SERVICE

I certify that on this 7<sup>th</sup> day of November, 2019, a true and correct copy of the foregoing has been served by sending via email/mail and addressed as follows:

RAVALLI COUNTY COMMISSIONERS  
COURTHOUSE  
205 BEDFORD ST #5001  
HAMILTON MT 59840  
[commissioners@rc.mt.gov](mailto:commissioners@rc.mt.gov)

RAVALLI COUNTY ATTORNEY  
BILL FULBRIGHT  
COURTHOUSE  
205 BEDFORD ST. #5008 SUITE C  
HAMILTON MT 59840  
[bfulbright@rc.mt.gov](mailto:bfulbright@rc.mt.gov)

RAVALLI COUNTY SANITARIAN  
215 S 4<sup>TH</sup> STREET STE D  
HAMILTON MT 59840  
[jfrase@rc.mt.gov](mailto:jfrase@rc.mt.gov)  
[ipalacio@rc.mt.gov](mailto:ipalacio@rc.mt.gov)

RAVALLI COUNTY SHERIFF  
STEVE HOLT  
205 BEDFORD ST #5022 SUITE G  
HAMILTON MT 59840  
[sholton@rc.mt.gov](mailto:sholton@rc.mt.gov)

DICK SWINGLEY, STATE FIRE MARSHAL  
FIRE PREVENTION AND INVESTIGATION BUREAU  
439-7879  
[diswingley@mt.gov](mailto:diswingley@mt.gov)

Dawn Drollinger, Deputy State Fire Marshal  
[ddrollinger@mt.gov](mailto:ddrollinger@mt.gov)

STATE BUILDING STANDARDS DIVISION  
PROGRAM MANAGER – 439-2982  
Rob Morris, State Building Inspector  
[robmorris@mt.gov](mailto:robmorris@mt.gov)

# eSTOP BUSINESS LICENSES

## Master Application

Check appropriate box(es) and complete all applicable information.

eStop  
Business Licenses is  
now online!  
[eStop.mt.gov](http://eStop.mt.gov)

### Business Changes

- Register a new business with eStop. See Section II for fees that apply.
- Update business information, such as mailing address or contact information, etc. No fee.
- Change business structure or entity type. A liquor processing fee may apply. See Section II.
- Add a new physical location to your eStop business. See Section II for fees that apply.
- Purchase of an existing eStop location. Previous owner's Location Number 39315

**Location Changes** - Provide current Location Number for box(es) selected below \_\_\_\_\_  
Your Location Number is at the upper right-hand section of your eStop license and renewal.

- Relocate to a new physical location. A license fee may apply. See Section II.
- Update location information, such as name/DBA/trade name, etc. No fee.
- Update license information, such as add, increase/decrease, change license type, etc. See Section II for fees that apply.

### Section I.

<b>Business Information</b>			
Company or Owner Name <u>2 R PROPERTIES LLC</u>			
Federal Employer Identification Number or Social Security Number _____		(required)	
<u>P.O. Box 628</u>	<u>CORVALLIS</u>	<u>MT</u>	<u>59827</u>
Business Mailing Address	City	State	ZIP + 4
Type of Business (please check one and provide additional information if needed):			
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> S corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited liability company	<input type="checkbox"/> Association	<input type="checkbox"/> Limited partnership	
<input type="checkbox"/> C corporation	<input type="checkbox"/> Limited liability partnership	<input type="checkbox"/> Other	
<input type="checkbox"/> Nonprofit C corporation	<input type="checkbox"/> Partnership		
<b>Location Information</b>			
Assumed Business Name/DBA/Trade Name, etc. <u>CONNOR STORE &amp; DELI</u>			
<u>159 CONNER CUTOFF Rd.</u>	<u>CONNER</u>	<u>MT</u>	<u>59827</u>
Physical Location Address	City	State	ZIP + 4
<u>RAVALLI</u>	<u>406-821-4122</u>	<u>406 961 4885</u>	
County	Location Phone Number	Location Fax Number	
<b>Contact Information</b>			
Name <u>TOM STEWART</u>	Phone Number <u>406-961-4885</u>		
Please Print			
Email address <u>TC STEWART II @ GMAIL.COM</u>			

**Important:** Complete Section II (other side of form), if applicable. In all situations, sign and date.  
All coordinating applications and affidavits must be completed and attached for processing.  
License fee and payment information is on the other side of this form.

### Signature (required)

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

Thomas M. Stewart MANAGING PARTNER 10-2-19  
Signature Title Date  
OWNER/MEMBER

Mail completed form to: eStop Business Licenses, PO Box 8003, Helena, MT 59604-8003.

Questions? Call us at (406) 444-6900 or fax us at (406) 444-7723.

Rev 03 19

**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 12 months, had no alterations since the last floor plan and no building, health or fire deficiencies exist?

- Yes. Please enter the requested date that Temporary Operating Authority will begin 9/5/20
- 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 <https://app.mt.gov/myrevenue/Endpoint/Form/155>. 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 6. Location Manager Information** - Licensees must designate at least one manager who provides general oversight and ensures compliance with alcoholic beverage laws. Location managers must be vetted and approved by the department. List all managers (including owner managers) and provide a Location Manager Application for new managers

Name of person or entity that is managing or that will be managing the business \_\_\_\_\_  
THOMAS M. STEWART

- This person or entity is a shareholder, member or partner.
- This person or entity was employed as a location manager and a current location manager application is on file with the department.
- This manager was recently employed. Date of hire \_\_\_\_\_  
Please include with your application a location manager application for this manager or management company. A Location Manager Application form is available on our website at <https://app.mt.gov/myrevenue/Endpoint/Form/124>. This form meets the requirement for ARM 42.12.132.

**Section 7. Required Documents**

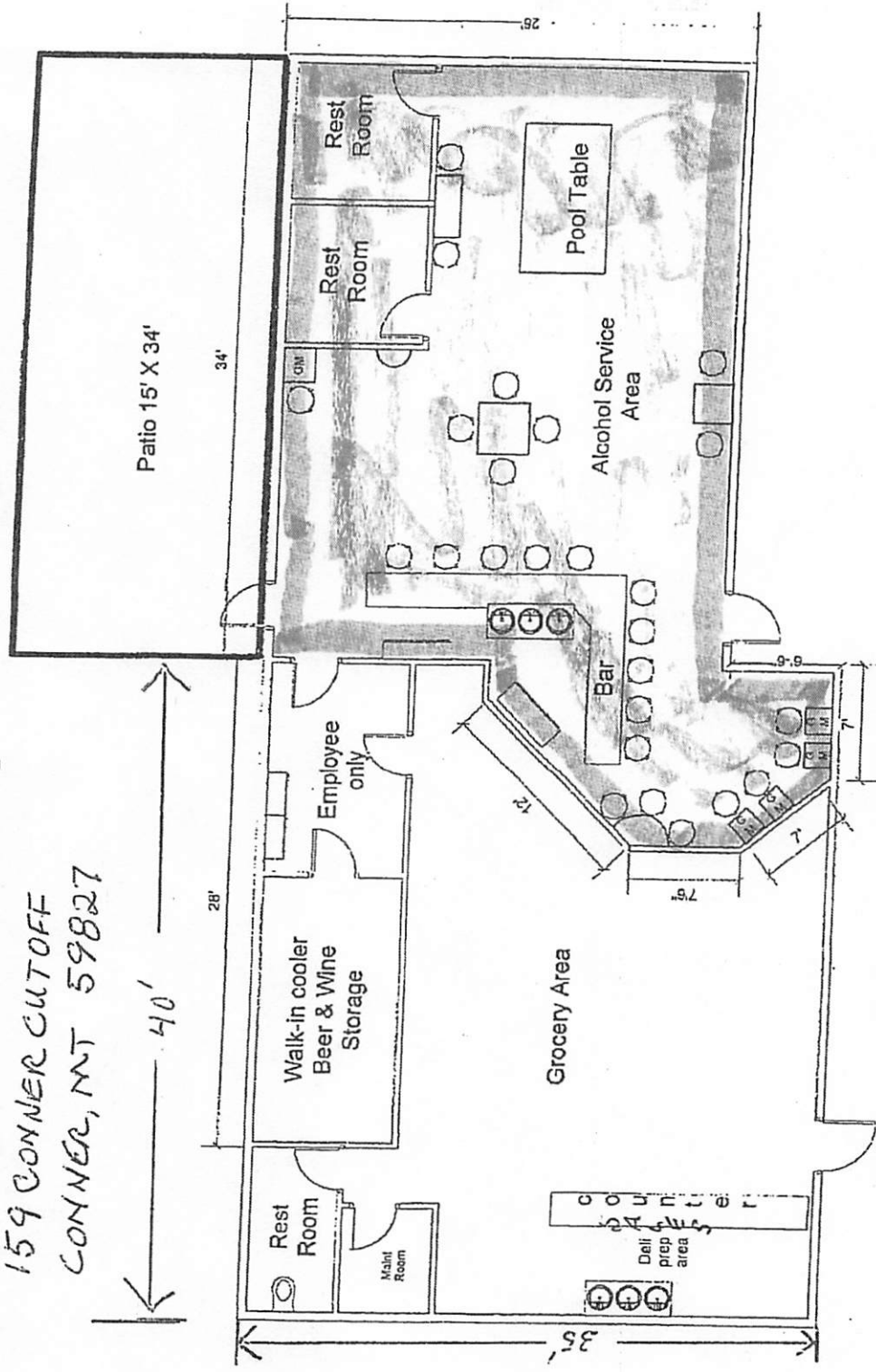
1. A Floor Plan form detailing the outside dimensions, general layout and areas where beer and wine will be stored and sold. Please label the floor plan with the date, DBA (doing business as) and address of premises to be licensed.
2. A lease agreement, purchase agreement, warranty deed or current property tax bill verifying the applicant has possessory interest in the real property where the business is located.
3. A Registered Certificate of Existence, Authority or Fact if you are applying as a corporation, company or partnership. In addition, if your DBA is different than the applicant's name, please include the certificate as filed with the Secretary of State's (SOS) Office. In Montana, call (406) 444-3665 or go to <http://sos.mt.gov/Business/Forms/index.asp> to register the new entity and DBA by mail or online.
4. A background check fee of \$27.25, personal history statement and two fingerprint cards for each individual with an ownership interest of 10% or more of the license. In certain circumstances, a representative for the licensee will require a background check. Go to your local law enforcement agency to be processed. (Local officials may charge a separate fee for this service).
5. A bank account agreement having the applicant's name, Federal Employer Identification (FEIN) or social security number and authorized signatures.
6. The Liquor Division Authorization to Disclose Tax Information form for each individual and entity that has an ownership interest of 10% or more, and for the current recorded licensee (seller). Please fax the completed form to Department of Revenue, Business Income Tax Division at (406) 444-6642. The form is available on our website at <https://app.mt.gov/myrevenue/Endpoint/Form/155>.

Mail to: Department of Revenue  
Liquor Control Division  
P.O. Box 1712  
Helena, MT 59604-1712  
  
Phone: (406) 444-6900  
Fax: (406) 444-0722

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CONNER STORE AND DELI  
159 CONNER CUTOFF  
CONNER, MT 59827

BAR AREA CLOSED



Scale 1/8" = 1'
○ = Chair
□ = Gaming Machines
□ = Table

Conner Grocery and Deli
Two Rivers Bar & Casino
159 Conner Cutoff Rd.
Conner, Montana 59827