



Gene Walborn
Director

Montana Department of Revenue



Steve Bullock
Governor

July 30, 2018

License Type: Montana All-Alcoholic Beverages

License Number: 13-999-6570-002

Subject: Transfer of Ownership

Applicant: CKMKJ, Inc. – Members: Christopher Partridge and Kimberly Partridge

Location Address: d/b/a Cowboy Troy's, 2359 US Highway 93 North, Victor, 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 **August 30, 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

CERTIFICATE OF SERVICE

I certify that on this _____ day of _____, 2018, a true and correct copy of the foregoing has been served by email, 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

General Information

The applicant is a: Corporation

Ownership Type: Subchapter S

Is this a Montana Business? Yes No N/A

Joint Tenants with Rights of Survivorship (JTROS)? Yes No N/A

Name of Entity Applying: CKMKJ INC

Business Name (DBA): COWBOY TROY S

FEIN: [REDACTED]

Business Address of Premises to be Licensed

Street Address

2359 US HIGHWAY 93 N

Street Address 2

Street Address

PO BO 879

Street Address 2

Unit Type

Unit

Unit Type

Unit

City

VICTOR

State

MONTANA

ip/Postal Code

59875

Country

USA

City

VICTOR

State

MONTANA

ip/Postal Code

59875

Country

USA

Business Contact Information

Contact Name

KIMBERLY PARTRIDGE

Business Phone

406-381-5858

Cell Phone

406-381-5858

Fax

Email

ckpartridgemt@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

VICTOR

County

RAVALLI

Preparer Contact Information

Preparer Name

Business Phone

Cell Phone

Fax

Email

Address

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

Type	Name	DOB	SSN	Shares	Address	City	State
Individual(s)	CHRISTOPHER PARTRIDGE	[REDACTED]	[REDACTED]	0	1179 GARDEN PLACE	HAMILTON	MT
Individual(s)	KIMBERLY PARTRIDGE	[REDACTED]	[REDACTED]	0	1179 GARDEN PLACE	HAMILTON	MT

Officers and Directors

Name	Title	DOB	SSN	Address
CHRISTOPHER PARTRIDGE	OWNER	[REDACTED]	[REDACTED]	1179 GARDEN PLACE HAMILTON MT 59840
KIMBERLY PARTRIDGE	OWNER	[REDACTED]	[REDACTED]	1179 GARDEN PLACE 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
KIMBERLY PARTRIDGE	[REDACTED]	[REDACTED]	4063815858	20,800.00	1179 GARDEN PLACE HAMILTON 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
Gambling Op Processing Fee	1,000.00
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

KIMBERLY PARTRIDGE

Title/Position

DIRECTOR

Date

06-Jun-2018

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.

Floor Plans - General layout - CKMKJ INC.

2359 Hwy 93 N Victor, MT 59875
Liquor License # 13-6570

