

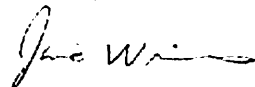
## Glenda Wiles

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**From:** Williams, Jamie <JWilliams@mt.gov>  
**Sent:** Thursday, August 23, 2018 1:58 PM  
**To:** Ravalli County Commissioners Office; Bill Fulbright; Jenni Frase; John Palacio; Steve Holton; Swingley, Dick; Drollinger, Dawn; Clark, Steve  
**Subject:** Info Letter for transfer of location 13-6411 Triple Creek Ranch  
**Attachments:** Info Letter 13-6411 Triple Creek.pdf

Hi,  
Attached is a transfer of location for a liquor license. Please let me know if you have any questions.

Thanks,



Jamie Williams  
Compliance Specialist  
Montana Department of Revenue  
Alcoholic Beverage Control Division  
Tel: 406.444.0712  
Fax: 406.444.0722  
[JWilliams@mt.gov](mailto:JWilliams@mt.gov)



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**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.

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Gene Walborn  
Director

# Montana Department of Revenue



Steve Bullock  
Governor

August 23, 2018

**License Type:** Montana All-Alcoholic Beverages  
**License Number:** 13-999-6411-002

**Subject:** Transfer of Location  
**Applicant:** Triple Creek Ranch, LLC (Members: Craig Barrett and Barbara Barrett)  
**Location Address:** d/b/a Triple Creek Ranch, 425 Triple Creek Road, Darby, Ravalli County, Montana

## TRANSFER OF LOCATION TO A 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 **September 7, 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.

This is an application for a **transfer of location** to 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  
Alcoholic Beverage Control Division  
PO Box 1712  
Helena MT 59604-1712  
Phone : (406) 444-0712  
[JWilliams@mt.gov](mailto:JWilliams@mt.gov)

Encl. Floor Plan and Application Pages  
Certificate of Service

CERTIFICATE OF SERVICE

I certify that on this 23rd day of August , 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](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)  
[jpalacio@rc.mt.gov](mailto:jpalacio@rc.mt.gov)

RAVALLI COUNTY SHERIFF  
CHRIS HOFFMAN  
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  
[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  
Steve Clark, State Building Inspector  
[sclark@mt.gov](mailto:sclark@mt.gov)



Clear Form



# Alcoholic Beverages Gambling Operator Short Form

## Section I - Purpose and Fees

Personal/Criminal History Statements (Form 10), fingerprint cards and fees (\$27.25 per person) are required for certain transactions. Review the checklists and instructions in Section IV for documents required with this form.

Check one of the boxes below.

### No processing fee:

- Change in ownership less than 10% (liquor only)
- Death of a licensee
- Disclosure of a new owner (more than 0% and less than 10% - liquor only)
- Divorce among licensees
- Foreclosure (not intending to operate)
- Gifting among licensees
- Sale among licensees

### \$200 Processing Fee (liquor licenses only):

Note: These transactions require the Department of Revenue to publish a notice in the local newspaper.

- Entity type change
- Foreclosure (intending to operate)
- Increase of current ownership interest (from less than 10% increasing to more than 10%)  
License type change

### Transfer of location

Is the premises:

Yes  No Ready for use?

Yes  No Newly constructed premises?

If yes, estimated date of completion \_\_\_\_\_

Yes  No Remodel of an existing premises? If yes, estimated date of completion \_\_\_\_\_

Yes  No Operated under a concession agreement? If yes, attach a copy of the agreement.

Note: ARM 42.12.133 requires certain signage for premises operated under a concession agreement.

**FOR OFFICE USE ONLY**

Check Number \_\_\_\_\_

Processing Fee Paid \$ \_\_\_\_\_

Fingerprint Fee Paid \$ \_\_\_\_\_

Reason for Application add new location to current liquor license

## Section II - General Information

Name of Current Licensed Entity TC RANCH, LLC

(Sole Proprietor/Partnership/Corporation/LLC/LLP, e.g., Ann's Bar & Casino LLC)

Current Business Name (DBA) TRIPLE CREEK RANCH FEIN                     

Name of New Entity (if applicable) \_\_\_\_\_

New Business Name/DBA (if applicable) LODGE AT ELK MEADOWS

Account ID \_\_\_\_\_ Current License Number 13-999-6411-002

Current Physical Address	<u>5551 W FORK ROAD</u>	<u>DARBY</u>	<u>MT</u>	<u>59829</u>
	<small>Street, Suite Number</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Proposed Physical Address	<u>425 Triple Creek</u>	<u>DARBY</u>	<u>MT</u>	<u>59829</u>
	<small>Road Street, Suite Number</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Mailing Address	<u>5551 W FORK ROAD</u>	<u>DARBY</u>	<u>MT</u>	<u>59829</u>
	<small>Street, Suite Number</small>	<small>City</small>	<small>State</small>	<small>Zip</small>

Business Phone 406-821-4219 Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Attorney Information**


Check this box and complete the information below if you wish to have all correspondence sent to the attorney who submits this application on your behalf.

Attorney Name ROBERT L NOWELS Phone 406-523-2561  
Mailing Address P O BOX 7909 MISSOULA MT 59807  
*Street, Suite Number City State Zip*  
Email Address rlnowels@garlington.com

**Section III - Declaration and Authorization**

I, David MacIwraith, 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 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 or liquor licensure, whether the records are of a public, private or confidential nature.

Signature   
Print Full Name David MacIwraith  
Title/Position Manager  
Date 5-12-19

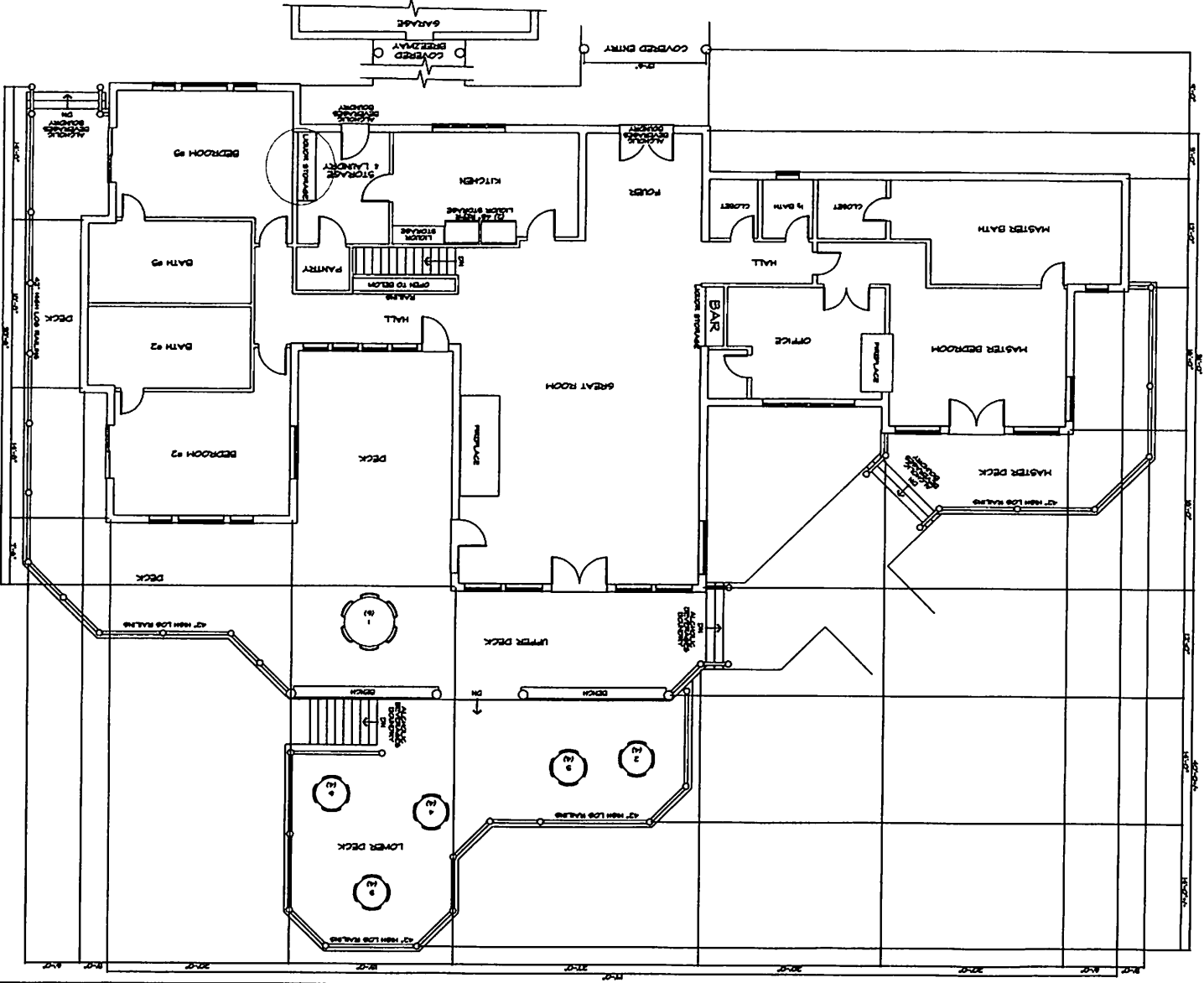
**Note:** The Gambling Control or Liquor Control Division may require the applicant to send additional documents or information. This application and the documents and information provided will be reviewed under an amended license process and final approval will correspond with those procedures. If you have any questions, please contact the Gambling Control Division at (406) 444-1971.

**Mail this application and required documents and fees to:**

Gambling Control Division  
PO Box 201424  
Helena, MT 59620



THIS FLOOR PLAN IS PART (1 OF 2) OF THE NEW PROPOSED ALCOHOLIC BEVERAGES LICENSE  
 ELK MEADOWS  
 MAIN FLOOR PLAN  
 SCALE = 1/8" = 1'-0"  
 #13-999-6411-002

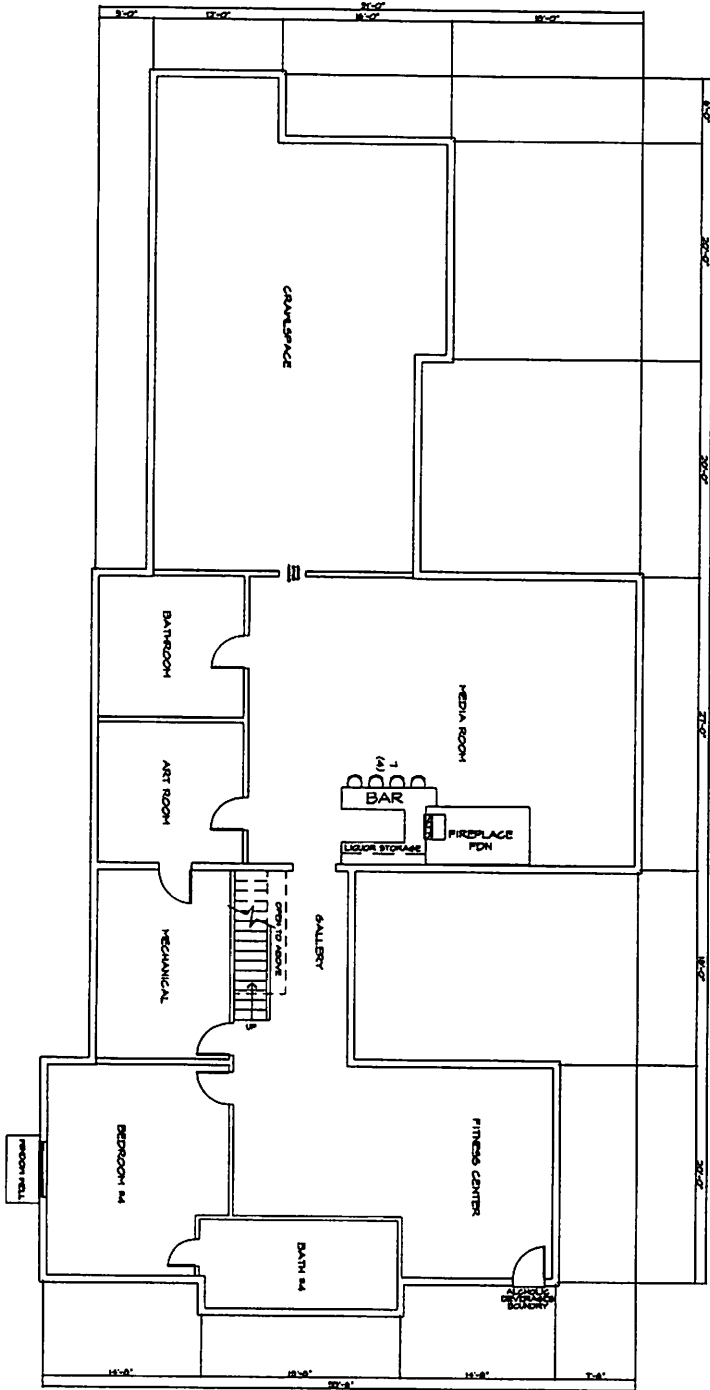


SHEET # <b>1</b> <b>2</b>	DATE 5-1-2018	SCALE 1/8" = 1'-0"	ISSUING FOOTINGS UPPER FLOOR = 2,346 MAIN FLOOR = 4,480 MAIN FLOOR DECKS = 2,700 TOTAL = 9,526	LENGTH 3	PERM. NUMBER 3-4-18	CUSTOMER NAME <b>ELK MEADOWS</b> 425 Triple Creek DARBY MT 59829	DRAWING BY LANKFORD DRAWING & DESIGN INC. MADISON MT 59602 PHONE (406) 585-3180 1000 MEMBERS OF ALCOHOLIC LICENSEES
	PROJECT 1224	DATE 5-1-2018					



THIS FLOOR PLAN IS PART (2 OF 2) OF THE NEW PROPOSED ALCOHOLIC BEVERAGES LICENSE  
 ALCOHOLIC BEVERAGE LICENSE  
 #13-999-6411-002

ELK MEADOWS  
 LOWER FLOOR PLAN  
 SCALE: 1/8"=1'-0"



2-2	SCALE	1/8"=1'-0"
	JOB NO.	1224
	DATE	5-1-2018

SQUARE FOOTAGE	LEVELS	3
LOWER FLOOR		
MAIN FLOOR		
MAIN FLOOR DECKS		
TOTAL		4,884

PRELIMINARY	9-1-18
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CUSTOMER NAME  
**ELK MEADOWS**  
 425 Triple Creek  
 DARBY MT 59829

DESIGNED BY:  
**LANKFORD DRAFTING & DESIGN INC.**  
 HAMILTON MT, 59840  
 PHONE (406) 568-5180  
 FOR PURPOSE OF ALCOHOL LICENSING