

Glenda Wiles

From: Kautz, Patty <PKautz@mt.gov>
Sent: Friday, February 8, 2019 12:00 PM
To: Ravalli County Commissioners Office; Bill Fulbright; Jenni Frase; John Palacio; Steve Holton; Swingley, Dick; Drollinger, Dawn; Clark, Steve
Subject: Transfer of Ownership - Fin's Tap House, License #13-841-6484-302
Attachments: 13-6484 FINS TAP HOUSE INFO LETTER.pdf

Good Afternoon –

Attached is an info letter for your viewing.

Please note that building, health and fire approval will be required before final department approval is considered.

Thank you,

Patty Kautz
Compliance Specialist
Alcoholic Beverage Control Division
PO Box 1712
Helena MT 59624-1712
Phone: 406-444-0017
Fax: 406-444-0722
pkautz@mt.gov
<https://mtrevenue.gov/liquor-tobacco/>

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Montana Department of Revenue



Gene Walborn
Director

Steve Bullock
Governor

February 8, 2019

License Type: Montana Retail On-Premises Consumption Beer and Wine with Catering
Endorsement License

License Number: 13-841-6484-302

Subject: Transfer of Ownership

Applicant: Fin's at Corvallis, LLC – (Members: Randy J. Campbell, Merlin G. Campbell)

Location Address: d/b/a Fin's Tap House, 352 Woodside Cutoff Road, Corvallis, 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 **February 22, 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.

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
Licensing & Compliance Specialist
Department of Revenue
Alcoholic Beverage Control Division
PO Box 1712
Helena MT 59604-1712
Telephone (406) 444-0017
pkautz@mt.gov

Encl. Floor Plan and Application Pages
Certificate of Service

CERTIFICATE OF SERVICE

I certify that on this 8TH day of February, 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

RAVALLI COUNTY ATTORNEY
BILL FULBRIGHT
COURTHOUSE
205 BEDFORD ST. #5008 SUITE C
HAMILTON MT 59840
bfulbright@rc.mt.gov

RAVALLI COUNTY SANITARIAN
215 S 4TH STREET STE D
HAMILTON MT 59840
jfrase@rc.mt.gov
ipalacio@rc.mt.gov

RAVALLI COUNTY SHERIFF
STEVE HOLT
205 BEDFORD ST #5022 SUITE G
HAMILTON MT 59840
sholton@rc.mt.gov

DICK SWINGLEY, STATE FIRE MARSHAL
FIRE PREVENTION AND INVESTIGATION BUREAU
439-7879
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

Patty Kautz

General Information

The applicant is a: Limited Liability Company Ownership Type:
Is this a Montana Business? [X] Yes [] No [] N/A
Joint Tenants with Rights of Survivorship (JTROS)? [] Yes [] No [X] N/A

Name of Entity Applying: FIN'S AT CORVALLIS, LLC
Business Name (DBA): FIN'S TAP HOUSE

Business Address of Premises to be Licensed

Street Address
352 WOODSIDE CUTOFF RD
Street Address 2

Street Address
P.O. BOX 447
Street Address 2

Unit Type Unit
City
CORVALLIS
State
MONTANA
Zip/Postal Code Country
59828 USA

Unit Type Unit
City
CORVALLIS
State
MONTANA
Zip/Postal Code Country
59828 USA

Business Contact Information

Contact Name
RANDY CAMPBELL
Business Phone Cell Phone Fax Email
406-370-1821 merlinm44@gmail.com

Are the premises for licensing located:

- [X] 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 County
CORVALLIS RAVALLI

Preparer Contact Information

Preparer Name
JESSICA BURBANK
Business Phone Cell Phone Fax Email
4066257021 Jessica@mtbevlaw.com
Address
P.O. BOX 728 MISSOULA MT

Ownership Information

Does this business have multiple ownership tiers? Yes No N/A

Ownership Information

Type	Name	DOB	SSN	Shares	Address	City	State
Individual(s)	RANDY J. CAMPBELL	[REDACTED]	[REDACTED]	0	P.O. BOX 447	CORVALLIS	MT
Individual(s)	MERLIN G. CAMPBELL	[REDACTED]	[REDACTED]	0	P.O. BOX 447	CORVALLIS	MT

Officers and Directors

Name	Title	DOB	SSN	Address
RANDY J. CAMPBELL	MEMBER	[REDACTED]	[REDACTED]	P.O. BOX 447 CORVALLIS MT 59828
MERLIN G. CAMPBELL	MEMBER	[REDACTED]	[REDACTED]	P.O. BOX 447 CORVALLIS MT 59828

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
RANDY J. CAMPBELL	[REDACTED]	[REDACTED]	4063701821	0.00	P.O. BOX 447 CORVALLIS MT 59828
MERLIN G. CAMPBELL	[REDACTED]	[REDACTED]	4063708553	0.00	P.O. BOX 447 CORVALLIS MT 59828

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

3. Is the premises within any defined zones:

- a. Where the sale of alcoholic beverages is restricted by city or county zoning ordinance? Yes No N/A
- b. Where gambling is restricted by city or county zoning ordinance? Yes No N/A

4. Is the building ready for use?

- a. The premises proposed for licensing: Is newly constructed
- Is a remodel of an existing premises
- Does not require any physical changes

5. Is the premises operated under a concession agreement?

- Yes No N/A

Concessionaire Information

Name of Owning Entity or Individual

Name of Business

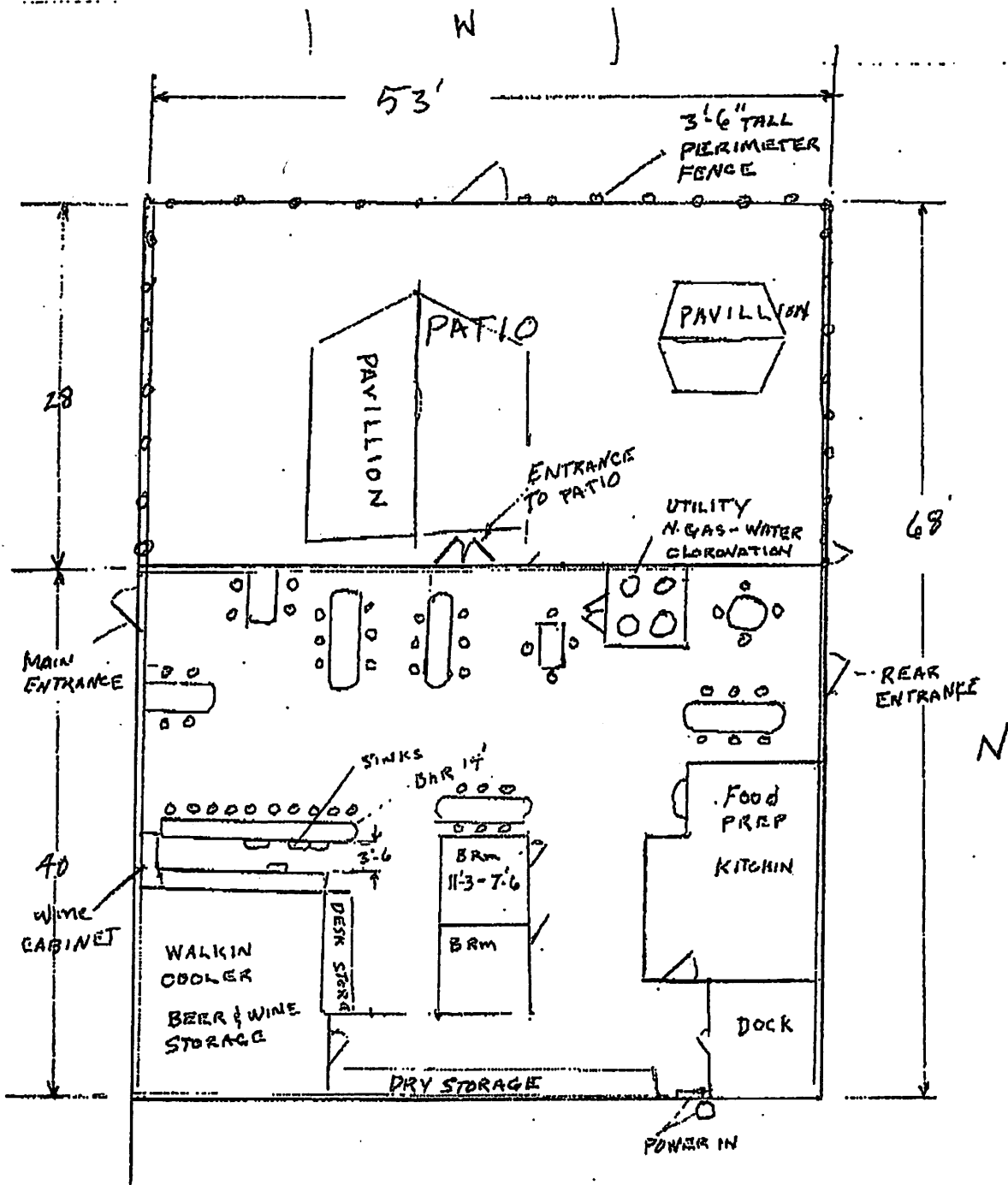
Address

City

State

Zip/Postal Code

Country



FIN'S TAP HOUSE
 352 Woodside Cutoff Road
 CORVALLIS MT. 59828
 License No. 13-841-6484-302
 February 2019

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