Board of Supervisors

AGENDA FOR REGULAR BOARD MEETING
Tuesday, October 9, 2012 at 10:00 AM
BOARD OF SUPERVISORS HEARING ROOM
1415 MELODY LANE, BUILDING G, BISBEE, AZ 85603

ANY ITEM ON THIS AGENDA IS OPEN FOR DISCUSSION AND POSSIBLE ACTION

PLEDGE OF ALLEGIANCE

THE ORDER OR DELETION OF ANY ITEM ON THIS AGENDA IS SUBJECT TO MODIFICATION AT THE MEETING

ROLL CALL
Members of the Cochise County Board of Supervisors will attend either in person or by telephone, video or internet conferencing.

Note that some attachments may be updated after the agenda is published. This means that some presentation materials displayed at the Board meeting may differ slightly from the attached version.

CALL TO THE PUBLIC

This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda.

PRESENTATION

Presentation of Certificates to Tim Zimmerman, Brian Adamson, Rosa Lopez and Travis Cutright of the Information Technology Department and to David Noland of the Cochise County Sheriff's Office in recognition of their work to place a repeater at Antelope Pass, thereby establishing radio coverage for the greater Portal area.

CONSENT

Board of Supervisors

1. Approve and send the attached letter providing comments to the USFS's proposal to change status on some 700 roads in the Huachuca and Whetstone Environmental Management Areas (EMA).

2. Approve the Minutes of the regular meeting of the Board of Supervisors of September 25, 2012.

Community Development

3. Approve the renewal of Contract No. 09-12-HFP-02 for Culvert Cleaning Services with Cochise Enterprises in the not to exceed amount of $250,000 for the period of October 1, 2012 through June 30, 2013 for the Highway and Floodplain Division.

4. Authorize sending the attached letter which opposes the Fish and Wildlife Service's finding on a petition to list the desert massasauga rattlesnake as threatened or endandered and to possibly designate critical habitat in Cochise County.

County Attorney

5. Approve the proposed settlement of the Tax Appeal in John Eli Aboud. v. Cochise County, ST2012-000189 (Assessor parcel No. 410-12-029), now pending in Arizona Tax Court, a division of the Superior Court in and for Maricopa County.

Finance

6. Approve demands and budget amendments for operating transfers.

Health

7. Approve IGA# HG854282, Amendment #2, Immunization Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the annual amount of $86,273, received in two separate purchase orders, for the period of 1/1/12 – 12/31/12.

8. Approve Amendment 8 to IGA # ADHS12-016610, Tuberculosis Control Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of $12,000 for the period of 7/1/2012 to 06/30/2013.

PUBLIC HEARINGS

Board of Supervisors

9. Approve a new liquor license application for a series #13 (domestic farm winery) liquor license submitted by Mr. Mark W. Beres for Flying Leap Vineyards located at 5051 E. Flying Leap Way, Willcox, 85643.

ACTION

Board of Supervisors

10. Pursuant to A.R.S. § 16-230.A.2. discussion and possible action to appoint a person to fill the remaining portion of Larry Dever’s term of office as Cochise County Sheriff.

REPORT BY MICHAEL J. ORTEGA, COUNTY ADMINISTRATOR -- RECENT AND PENDING COUNTY MATTERS

SUMMARY OF CURRENT EVENTS

Report by District 1 Supervisor, Patrick Call

Report by District 2 Supervisor, Ann English

Report by District 3 Supervisor, Richard Searle

Pursuant to the Americans with Disabilities Act (ADA), Cochise County does not, by reason of a disability, exclude from participation in or deny benefits or services, programs or activities or discriminate against any qualified person with a disability. Inquiries regarding compliance with ADA provisions, accessibility or accommodations can be directed to Chris Mullinax, Safety/Loss Control Analyst at (520) 432-9720, FAX (520) 432-9716, TDD (520) 432-8360, 1415 Melody Lane, Building F, Bisbee, Arizona 85603.

Presentations / Special Events

Regular Board of Supervisors Meeting

Meeting Date: 10/09/2012

Presentation of Certificates

Submitted By: Katie Howard, Board of Supervisors

Department: Board of Supervisors

Presentation:	No A/V Presentation	**Recommendation:**	
Document Signatures:		**# of ORIGINALS Submitted for Signature:**	
NAME of PRESENTER:	Richard Searle	**TITLE of PRESENTER:**	Board Chairman
Mandated Function?:		**Source of Mandate or Basis for Support?:**	

Information

Agenda Item Text:

Presentation of Certificates to Tim Zimmerman, Brian Adamson, Rosa Lopez and Travis Cutright of the Information Technology Department and to David Noland of the Cochise County Sheriff's Office in recognition of their work to place a repeater at Antelope Pass, thereby establishing radio coverage for the greater Portal area.

Background:

To be completed.

Department's Next Steps (if approved):

Impact of NOT Approving/Alternatives:

To BOS Staff: Document Disposition/Follow-Up:

Consent 1.

Regular Board of Supervisors Meeting **Board of Supervisors**

Meeting Date: 10/09/2012

CAT Process Letter

Submitted By: Gussie Motter, Board of Supervisors

Department: Board of Supervisors

Presentation:	No A/V Presentation	**Recommendation:**	
Document Signatures:		**# of ORIGINALS Submitted for Signature:**	
NAME of PRESENTER:	n/a	**TITLE of PRESENTER:**	n/a
Mandated Function?:		**Source of Mandate or Basis for Support?:**	

Information

Agenda Item Text:

Approve and send the attached letter providing comments to the USFS's proposal to change status on some 700 roads in the Huachuca and Whetstone Environmental Management Areas (EMA).

Background:

As the Board is aware, the USFS implemented the Travel Management Collaboration Process and formed a Collaborative Alternative Team (CAT) to propose changes to the Service's recommendations and to reach consensus. At the September 22, 2012 meeting in Sierra Vista, the CAT team agreed that this process was not functioning as intended and consensus among the team was unreachable. The CAT team further agreed to discontinue the collaborative process for the Whetstone and Huachuca EMAs.

The County had two Core CAT members involved during this process, and wishes to express and echo public concern about the potential impacts caused by the proposed actions including changing designation, decommissioning, and restricting routes. The forest road system is important to a wide variety of forest users and uses including hunting, hiking, picnicking, camping, ranching, prospecting, off-highway vehicles, 4-wheel drive vehicles, and those who simply enjoy driving through the forest.

The attached letter details the changes proposed and their potential impacts on the public's ability to access and continue multiple uses of public lands.

Department's Next Steps (if approved):

Send the letter

Impact of NOT Approving/Alternatives:

The County would not supply comments.

To BOS Staff: Document Disposition/Follow-Up:

Please fax the letter to the Mr. Mark Ruggiero, District Ranger at 520.378.0519, no later than 10.9.12. Send the letter to Mr. Mark Ruggiero, District Ranger, Coronado National Forest, Sierra Vista District, 4070 S. Avenida Saracino, Hereford, AZ 85615 no later than 10.9.12.

Attachments

Letter to USFS

Board of Supervisors

October 1, 2012

Mr. Mark Ruggiero, District Ranger
Coronado National Forest, Sierra Vista District
4070 S. Avenida Saracino
Hereford, Arizona 85615

RE: Collaborative Alternative Team (CAT) Final Comments

Dear Mr. Ruggiero,

Thank you for the opportunity to provide comments regarding the U.S. Forest Service's (Service) proposal to comply with *The Travel Management; Designated Routes and Areas for Motor Vehicle Use Plan* adopted by the Department of Agriculture on December 9, 2005, for the Whetstone and Huachuca EMAs. The Sierra Vista District's proposed action contains change of status on over 700 routes including changing designation, decommissioning, and restricting these routes to meet the management goals of the Service. The process of meeting consensus on any changes to the proposed Service actions involved the CAT team and the U.S. Institute for Environmental Conflict Resolution. At the September 22, 2012 meeting in Sierra Vista, the CAT team agreed that this process was not functioning as intended and consensus among the team was unreachable. The CAT team further agreed to discontinue the collaborative process for the Whetstone and Huachuca EMAs.

The County had two Core CAT members involved during this process, and wishes to express and echo public concern about the potential impacts caused by these proposed actions. The forest road system is important to a wide variety of forest users and uses including hunting, hiking, picnicking, camping, ranching, prospecting, off-highway vehicles, 4-wheel drive vehicles, and those who simply enjoy driving through the forest. Many of the proposed changes are addressing historic routes through the forest that have been in existence for many years.

As you know, there are currently very few ways to access the entire Whetstone mountain range. Until the Service establishes public access for this area, the County agrees with the majority of the CAT team that the proposed closure or the restriction of any roadway in the Whetstone EMA be avoided.

The actions proposed include closing many 'spur' roads, which provide opportunity for camping and as pullouts for vehicles which help to prevent congestion of the main roads. If closed, users will be forced to park on the main roads, causing safety hazards. The impact of these spur roads to the forest service road system are minimal because of their short length and when compared to their available use, should remain open.

Furthermore, many of the roads included in this proposal are 'loop' or 'connector' roads, which provide a link between two roads. Closing these roads is not only an inconvenience, but doubles the mileage for hunters or other users who will be forced to drive into an area for several miles, backtrack and then repeat the process on the other road.

Many of the roads proposed to be closed cite that they are "located on soils that are generally steep and erodible". However, they provide direct access to areas that are difficult to reach without vehicles and impossible to reach for those with limited or impaired mobility. These roads have existed for many years and without clear evidence of dangerous erosion, should not be permanently closed.

There are many roads that are being proposed for restricted use. These roads provide access to areas they serve, and if closed will limit public access to large areas of the forest. It is the County's position that all roads should remain unrestricted, and if traveled by the Forest Service, Border Patrol, and grazing permitees, it is reasonable to allow the public to also travel them. The vast areas of National Forest land that are being addressed in this travel management plan include many areas for dispersed and large group camping opportunities. Closing roads that access large relatively flat areas will prevent those with limited or impaired mobility from enjoying these activities.

It appears that many roads are being proposed for closure to enlarge the existing Miller Peak Wilderness Area. It is the County's position that this area should not be enlarged by simply closing roads, thereby creating 'unauthorized' or 'de facto' wilderness areas. Section G.2.A of the Cochise County Comprehensive Plan reads:

"Wilderness management must provide for continued and reasonable access for holders of property rights within the area and provide for full use and enjoyment of these rights."

Furthermore, Section G.2.B of the Plan reads:

"No special designations or management plan should be proposed until it is determined and substantiated by reproducible scientific data, that there is a need for the designation, that protections cannot be provided by well-planned and managed development, and the area in question is unique when compared to other area lands."

A Goal of the Plan is to "protect the culture, history, economy, environment and lifestyles of Cochise County residents by requiring federal agencies to coordinate land use plans with Cochise County and *to establish plans that provide for continued multiple use of public lands…"*

The County vehemently opposes what appears to be an effort to expand wilderness areas in the Huachuca EMA without the benefit of formal Legislative and Executive review.

Again, we thank you for the opportunity to express our concern over the proposed actions as they relate to access for the Public to the Public lands in our jurisdiction. Please consider the comments above as you review the information related to each route and reach a determination on your proposal.

Sincerely,

Richard R. Searle
Chairman, Cochise County Board of Supervisors

Cc: Patrick G. Call, District 1 Supervisor
Ann English, District 2 Supervisor
Michael J. Ortega, County Administrator
James E. Vlahovich, Deputy County Administrator
Karen Riggs, Interim Community Development Director
Beverly Wilson, Deputy Planning Director
Public Lands Advisory Committee
Ken Salazar, Secretary, Department of the Interior
Jim Upchurch, Forest Supervisor, Coronado National Forest
Melissa Shafiqullah, Acting District Ranger, Douglas District
Pat Lewis, Sr. Program Associate, U. S. Institute for Environmental Conflict Resolution
Debra Drecksel, Sr. Program Mgr, U. S. Institute for Environmental Conflict Resolution

Consent 2.

Regular Board of Supervisors Meeting **Board of Supervisors**

Meeting Date: 10/09/2012

Minutes

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation:	No A/V Presentation	**Recommendation:**	
Document Signatures:		**# of ORIGINALS Submitted for Signature:**	
NAME of PRESENTER:	n/a	**TITLE of PRESENTER:**	n/a
Mandated Function?:		**Source of Mandate or Basis for Support?:**	

Information

Agenda Item Text:

Approve the Minutes of the regular meeting of the Board of Supervisors of September 25, 2012.

Background:

Minutes

Department's Next Steps (if approved):

Signed minutes routed for processing and posted on the internet.

Impact of NOT Approving/Alternatives:

n/a

To BOS Staff: Document Disposition/Follow-Up:

Send to the Recorder's Office for microfiche purposes.

Consent 3.

Regular Board of Supervisors Meeting **Community Development**

Meeting Date: 10/09/2012

Contract Renewal - Culvert Cleaning

Submitted By: Dave Seward, Procurement

Department: Procurement

Presentation:	No A/V Presentation	**Recommendation:**	Approve
Document Signatures:	BOS Signature NOT Required	**# of ORIGINALS Submitted for Signature:**	0
NAME of PRESENTER:	N/A	**TITLE of PRESENTER:**	N/A
Mandated Function?:	Federal or State Mandate	**Source of Mandate or Basis for Support?:**	

Docket Number (If applicable):

Information

Agenda Item Text:

Approve the renewal of Contract No. 09-12-HFP-02 for Culvert Cleaning Services with Cochise Enterprises in the not to exceed amount of $250,000 for the period of October 1, 2012 through June 30, 2013 for the Highway and Floodplain Division.

Background:

This will be the fourth and final renewal of Contract No. 09-12-HFP-02 approved by the Board of Supervisors on October 1, 2008. Cochise Enterprises has agreed to hold their pricing firm for the contract renewal period.

Department's Next Steps (if approved):

Issue blanket purchase order. Monitor contract performance.

Impact of NOT Approving/Alternatives:

Procurement would be required to obtain quotes every time there was a need for culvert cleaning which would most likely result in higher prices and additional workload for both the Procurement Department and Highway and Floodplain Division.

To BOS Staff: Document Disposition/Follow-Up:

No Action Required.

Fiscal Impact

Fiscal Year:

One-time Fixed Costs? ($$$):

Ongoing Costs? ($$$):

County Match Required? ($$$):

A-87 Overhead Amt? (Co. Cost Allocation $$$):

Source of Funding?:

Fiscal Impact & Funding Sources (if known):

These expenditures are funded in the FY 2012-13 budget fund line #261-4110-9-429.900 and approved in the FY 2012-13 Floodplain Annual Work Plan

Consent 4.

Regular Board of Supervisors Meeting **Community Development**

Meeting Date: 10/09/2012

Response to FWS on 90-day Finding on Petition to List Desert Massasauga as Endangered or Threatened and To Designate Critical Habitat

Submitted By: Mike Turisk, Community Development

Department: Community Development **Division:** Planning & Zoning

Presentation:	No A/V Presentation	**Recommendation:**	Approve
Document Signatures:	BOS Signature Required	**# of ORIGINALS Submitted for Signature:**	1
NAME of PRESENTER:	n/a	**TITLE of PRESENTER:**	n/a

Docket Number (If applicable):

Mandated Function?:	Not Mandated	**Source of Mandate or Basis for Support?:**	

Information

Agenda Item Text:

Authorize sending the attached letter which opposes the Fish and Wildlife Service's finding on a petition to list the desert massasauga rattlesnake as threatened or endandered and to possibly designate critical habitat in Cochise County.

Background:

In November 2010, the U.S. Fish and Wildlife Service (Service) was petitioned to add the desert massasauga, a rattlesnake found in the southwestern United State, including portions of Cochise County, to the list of threatened and endangered species. The desert massasauga is classified as a subspecies of massasauga, and as a widely recognized subspecies, it is listable under the Endangered Species Act. On August 9, 2012 the Service announced the results of a 90-day status review on the petition and concluded that it presents substantial evidence indicating that listing may be warranted. The Service opened a 60 public comment period regarding the findings of the status review.

The desert massasauga occurs in a variety of grassland and shrubland habitats, including shortgrass prairie and Chihuahuan desert. The subspecies inhabits primarily shortgrass prairie habitat below about 5,000 feet in elevation. In Arizona, the subspecies only occurs in the extreme southeastern part of the State. However, across its range, population sizes and trends for the desert massasauga are largely unknown due to the overall lack of data. General assessments have been made that suggests that continued alteration of the massasauga's open habitats for farmland, ranching and development has caused significant declines. In 2001, the Arizona Game and Fish Department reported that, while quantified data are lacking, the desert massasauga has almost certainly experienced long-term population declines and a general range contraction in Arizona.

The petition presented information regarding a host of factors as potential threats to the desert massasauga, with the most significant causes of decline suggested being habitat loss due to conversion of native grasslands to crops, heavy livestock grazing, development and vehicle strikes.

Note that per a separate settlement agreement with the petitioners, the Service has scheduled its Endangered Species Act listing program workload through 2016, so it does not anticipate completing a status assessment and finding whether the desert massasauga warrants listing until after 2016.

Department's Next Steps (if approved):
Have the Chairman sign and send the letter.

Impact of NOT Approving/Alternatives:
The County would not provide comments.

To BOS Staff: Document Disposition/Follow-Up:
Please send the letter immediately:

(1) Electronically: The Federal eRulemaking Portal: http://www.regulations.gov. Search for Docket No. FWS-R2-ES-2012-0057; and

(2) By hard copy to:

Mr. Tom Buckley
U.S. Fish and Wildlife Service
P.O. Box 1306
Albuquerque, NM 87103; and

Public Comments Processing, Attn: FWS-R2-ES-2012-0057
Division of Policy and Directives Management
U.S. Fish and Wildlife Service
4401 N. Fairfax Drive, MS 2042-PDM; Arlington, VA 22203.

Note that emails or faxes will not be accepted.

Attachments

FWS 90-Day Finding on Petition to List Desert Massasauga
County's Response to Petition to List Desert Massasauga

Board of Supervisors

September 17, 2012

Mr. Tom Buckley
U.S. Fish and Wildlife Service
P.O. Box 1306
Albuquerque, NM 87103

RE: 90-day Finding on a Petition to List Desert Massasauga as Endangered or Threatened and To Designate Critical Habitat

Dear Mr. Buckley,

Thank you for the opportunity to comment on the 90-day finding on a petition to list desert massasauga as endangered or threatened and to designate critical habitat in Cochise County. As you know, the Endangered Species Act (ESA) requires decisions on critical habitat designations be based on the best available science, an accurate assessment and characterization of existing management and protection measures, as well as sound economic analyses. In addition, where the benefits of exclusion outweigh the benefits of inclusion, habitat is properly excluded, as critical habitat designations can result in tremendous social and economic disruption to affected communities. This statutory direction is consistent with the 2012 Presidential Memorandum to the Secretary of the Interior, which states:

Private and State lands are among the potential exclusions, based on a recognition that habitat is typically best protected when landowners are working cooperatively to promote for, and a recognition – as discussed in the proposed rule – that the benefits of excluding private lands and State lands may be greater than the benefits of including those areas in critical habitat.

Petition Finding

The petition finding indicates that vehicle strikes are a significant source of mortality for the desert massasauga in Cochise County. However, this issue cannot be remedied by simply designating critical habitat; but rather, various mitigation measures could be implemented in order to minimize vehicle strikes. Unlike nearly any other animal, snakes are at higher risk for road mortality for social reasons. Several studies have shown that some drivers will intentionally run over snakes due to their dislike of the reptiles.

Snakes cross roads due in part to habitat fragmentation, and to obtain prey, and access den sites and mates. However, snakes also commonly use absorbed heat from roads to increase body temperature, and studies suggest snake mortalities from vehicle strikes are highest in regions with highly disparate minimum and maximum daily temperatures. Thus depending on the area, temperature can play a large role on the occurrence of vehicle-related mortality. Various mitigation measures available to reduce snake road mortality and the barrier and habitat fragmentation effects of roads include fencing, railing and piping which direct snakes toward overpasses or underpasses. Fences that are not specifically engineered for snakes may not be as effective, but species-specific fencing has apparently met with various degrees of success. By ensuring that at least a small number of snakes that under typical circumstances would be struck by vehicles can successfully access and use such structures to cross roads, populations can be maintained or even enhanced.

In addition, the petition finding indicates that heavy livestock grazing ("overgrazing") is a major cause of habitat degradation and loss, but livestock, per se, are compatible with the conservation of the desert massasauga, indicating that the mere presence of livestock is not in direct conflict with the viability of the species, and that properly managed grazing is compatible. However, the FWS does not define "overgrazing", nor does it identify specific areas in the County considered "overgrazed" and thus in "need" of remediation to improve the species' habitat. Because of significant socioeconomic costs, critical habitat designations must be no greater than the habitat identified as essential to the conservation of the species.

The secretive habits and seasonal activity patterns of most snake species make it difficult to assess their distribution and accurately estimate population densities. Because a large body of data is lacking with respect to the distribution and occurrence of the desert massasauga in Cochise County, speculation should not hold sway and must not be mistaken for "best available science." Consistent with the ESA, the FWS should not designate habitat when designation will likely not achieve objectives, but rather, would likely negatively impact socioeconomic activities and the County's tax base. Critical habitat designation for the desert massasauga has the potential to negatively and significantly impact Cochise County.

We feel that due to the controversial nature of critical habitat designations and the real potential for significant impacts to the physical, social, economic and cultural environments that can result from the declaration of critical habitat that an Environmental Assessment (EA) would not be sufficient if critical habitat were to be designated. We see the need for a complete Environmental Impact Statement (EIS) containing social and economic impact analyses under the NEPA process that involves all potentially affected land in the County. Furthermore, as you know, the Council on Environmental Quality (CEO) regulations and the National Environmental Policy Act (NEPA) make provisions for the County to serve as a cooperating and coordinating or joint lead agency in EIS preparation with the FWS (see CEQ 1506.2 (b)(4).

On behalf of my fellow Board members, I thank you for the opportunity to provide comments and look forward to maintaining an open dialogue regarding this matter.

Respectfully submitted,

Richard R. Searle
Chairman, Cochise County Board of Supervisors

Cc: Patrick G. Call, District 1 Supervisor
Ann English, District 2 Supervisor
Michael J. Ortega, County Administrator
James E. Vlahovich, Deputy County Administrator
Karen Riggs, Interim Community Development Director
Beverly Wilson, Deputy Planning Director
Public Lands Advisory Committee
Dan Ashe, Director, United States Fish and Wildlife Service
Dr. Benjamin Tuggle, Regional Director, Southwest Region Fish and Wildlife Service

Consent 5.

Regular Board of Supervisors Meeting **County Attorney**

Meeting Date: 10/09/2012

Approve proposed settlement of a tax appeal

Submitted By: Sue Blanchard, County Attorney

Department: County Attorney

Presentation:	No A/V Presentation	**Recommendation:**	Approve
Document Signatures:	BOS Signature NOT Required	**# of ORIGINALS Submitted for Signature:**	0
NAME of PRESENTER:	N/A	**TITLE of PRESENTER:**	N/A
Docket Number (If applicable):			
Mandated Function?:	Federal or State Mandate	**Source of Mandate or Basis for Support?:**	

Information

Agenda Item Text:

Approve the proposed settlement of the Tax Appeal in John Eli Aboud. v. Cochise County, ST2012-000189 (Assessor parcel No. 410-12-029), now pending in Arizona Tax Court, a division of the Superior Court in and for Maricopa County.

Background:

Taxpayer filed a civil action in Arizona Tax Court asking for a reduction in assessed value from $192,959 to $100,000 for Tax Year 2013. After inspecting the property, reviewing the taxpayer's documentation and other market factors/ comparables, the Assessor agrees that the property assessment for Tax Year 2013 should be lowered, and so recommended a settlement offer that lowered the full cash value to $125,000. The taxpayer accepted the settlement offer.

Fiscal Impact & Funding Sources: Not applicable, no funding sources are required. Fiscal impact will be a slight reduction in the tax base.

Department's Next Steps (if approved):

Upon approval by the Board, Counsel for the County will sign a stipulation for entry of Judgment that has already been signed by the taxpayer, and will submit a form of Judgment to the Arizona Tax Court disposing of this matter pursuant to the settlement terms.

Impact of NOT Approving/Alternatives:

Additional litigation for the County, with the risk that the Arizona Tax Court would rule in the taxpayer's favor, reducing the assessed value of the subject property and subjecting the County to paying the Plaintiff's fees and expenses.

To BOS Staff: Document Disposition/Follow-Up:

Advise County Attorney's Office - Civil Division upon Board's approval.

Consent 6.

Regular Board of Supervisors Meeting **Finance**

Meeting Date: 10/09/2012

Demands

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation:	No A/V Presentation	**Recommendation:**	
Document Signatures:		**# of ORIGINALS Submitted for Signature:**	
NAME of PRESENTER:	n/a	**TITLE of PRESENTER:**	n/a
Mandated Function?:		**Source of Mandate or Basis for Support?:**	

Information

Agenda Item Text:

Approve demands and budget amendments for operating transfers.

Background:

Auditor-General's requirement for Board of Supervisors to approve.

Department's Next Steps (if approved):

Return to Finance after BOS approval.

Impact of NOT Approving/Alternatives:

Board of Supervisors will not be in compliance with State law.

To BOS Staff: Document Disposition/Follow-Up:

Return to Finance after BOS approval.

Consent 7.

Regular Board of Supervisors Meeting **Health & Social Services**

Meeting Date: 10/09/2012

Immunization Program, IGA# HG854282, Amendment 2

Submitted By: Jennifer Steiger, Health & Social Services

Department: Health & Social Services

Presentation:	No A/V Presentation	**Recommendation:**	Approve
Document Signatures:	BOS Signature NOT Required	**# of ORIGINALS Submitted for Signature:**	0
NAME of PRESENTER:	n/a	**TITLE of PRESENTER:**	n/a
Mandated Function?:	Federal or State Mandate	**Source of Mandate or Basis for Support?:**	ADHS

Docket Number (If applicable):

Information

Agenda Item Text:

Approve IGA# HG854282, Amendment #2, Immunization Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the annual amount of $86,273, received in two separate purchase orders, for the period of 1/1/12 – 12/31/12.

Background:

CHSS has received funds for its Immunization Program since 1993 to deliver immunization services to County residents. The State provides the vaccine to us free of charge. The grant funds pay for management, staffing, and operating costs of this program.

Our services, which are free for all uninsured or underinsured children effective 10/1/2012, include: immunizing children against vaccine preventable diseases during the course of their childhood, maintaining their vaccination records in accordance with state and national requirements, and assisting school age children with required vaccinations in order to meet school registration and advancement requirements. The Public Health Nurses at all five Health Department locations conduct regular clinics weekly (which are heavily attended), in addition to monthly evening clinics, year round.

The most recent amendment provided a price sheet which denotes reimbursement rates per visit. The total expected amount available for payment during this grant year ($86,273) has not changed. This amendment adds to the scope of work by including visiting schools and childcare centers whose immunization rates are below nation averages. The price sheet adds additional rates to include onetime school IDR submittal at$ 250.00 per submittal and $25.00 per follow up visit. The scope of work is open from 08/01/2012 through 12/31/2012. The amendment will increase the rates slightly but exact amounts cannot be determined until individual schools IDR’s are reviewed and schools have been contacted.

Department's Next Steps (if approved):

Your approvals are respectfully requested.

Impact of NOT Approving/Alternatives:

Noncompliance with the IGA scope of work, and cessation of the Immunization Program for Cochise County children.

To BOS Staff: Document Disposition/Follow-Up:

A fully executed original will be sent to the Clerk of the Board for filing purposes.

Fiscal Impact

Fiscal Year:	2012-2013
One-time Fixed Costs? ($$$):	
Ongoing Costs? ($$$):	
County Match Required? ($$$):	
A-87 Overhead Amt? (Co. Cost Allocation $$$):	51,207
Source of Funding?:	ADHS

Fiscal Impact & Funding Sources (if known):

This is a grant funded, fixed-price program through the Arizona Department of Health Services in the anticipated amount of $86,273. Based on current budgeted salaries/EREs, the net county subsidy is as follows:

Budgeted Salaries/EREs: $104,868
A-87 OH @ 48.83%: $51,207
5% Small-Grant OH: $4,314
Net County Subsidy: $46,893

Attachments

Immunes Amend 2 GAF 9-12

Immunes Amend 2 IGA 9-12

Executive Summary Form **Agenda Number: HLT--**

Recommendation:
Approve IGA# HG854282, Amendment #2, Immunization Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the annual amount of $86,273, received in two separate purchase orders, for the period of 1/1/12 – 12/31/12.

Background (Brief):

CHSS has received funds for its Immunization Program since 1993 to deliver immunization services to County residents. The State provides the vaccine to us free of charge. The grant funds pay for management, staffing, and operating costs of this program.

Our services, which are free for all uninsured or underinsured children effective 10/1/2012, include: immunizing children against vaccine preventable diseases during the course of their childhood, maintaining their vaccination records in accordance with state and national requirements, and assisting school age children with required vaccinations in order to meet school registration and advancement requirements. The Public Health Nurses at all five Health Department locations conduct regular clinics weekly (which are heavily attended), in addition to monthly evening clinics, year round.

The most recent amendment provided a price sheet which denotes reimbursement rates per visit. The total expected amount available for payment during this grant year ($86,273) has not changed. This amendment adds to the scope of work by including visiting schools and childcare centers whose immunization rates are below nation averages. The price sheet adds additional rates to include onetime school IDR submittal at$ 250.00 per submittal and $25.00 per follow up visit. The scope of work is open from 08/01/2012 through 12/31/2012. The amendment will increase the rates slightly but exact amounts cannot be determined until individual schools IDR's are reviewed and schools have been contacted.

Fiscal Impact & Funding Sources:
This is a grant funded, fixed-price program through the Arizona Department of Health Services in the anticipated amount of $86,273. Based on current budgeted salaries/EREs, the net county subsidy is as follows:

Budgeted Salaries/EREs	$104,868
A-87 OH @ 48.83%	$51,207
5% Small-Grant OH	$4,314
Net County Subsidy	$46,893

Next Steps/Action Items/Follow-Up:
Your approvals are respectfully requested.

Impact of Not Approving:

Noncompliance with the IGA scope of work, and cessation of the Immunization Program for Cochise County children.

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: **HG854282**	Amendment No. **2**	Procurement Specialist **Cindy Sullivan/KH**

Immunization Program

Effective August 1, 2012, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Add the following to, Scope of Work, Page Nineteen (19), Item Seven (7), Fee for Service Definitions:

D. School and Childcare Immunization Data Record (IDR) Management

1. IDR Preparation/Submittal:

Contractor shall visit those schools and childcare centers whose IDRs from the previous year indicate a lack of compliance with immunization requirements. The purpose of the visit will be to review immunization records; assist the site in completing a "Referral Notice of Inadequate Immunization" for each under-immunized child; and assist with the completion and submittal of the site's IDR to the Arizona Immunization Program Office. Contractor shall include a copy of the submitted school/childcare IDR, signed by both the Contractor and school/childcare representative, as supporting documentation to the Contract Expenditure Report (CER).

Cochise County Health Department
Contractor Name

1415 Melody Lane,Building A
Address

Bisbee **Arizona** **85603**
City **State** **Zip**

CONTRACTOR SIGNATURE

Mary Gomez
Contractor Authorized Signature

MARY GOMEZ
Printed Name

DIRECTOR - CHSS
Title

CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Terry Bannon 9-17-12
Signature **Date**

Terry Bannon
Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this _____ day of _____ 2012

Procurement Officer

Attorney General Contract No. P0012012000033,which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Date
Assistant Attorney General

Printed Name:

RESERVED FOR USE BY THE SECRETARY OF STATE

Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.

2. IDR Follow-up:

   Contractor shall conduct a visit with those sites requesting follow-up support in immunization recording and reporting requirements. Contract shall submit a log of site visits, signed by both the Contractor and school/childcare representative, conducted during the Contractor Expenditure Report period.

2. The Price Sheet in Amendment One (1), Page Three (3), is hereby revised and replaced with the Price Sheet in this Amendment Two (2), Page Three (3). Salary/Fringe is increased to supplement the pay for some of the County's personnel time and expertise. This increase is a result of the following:

a. There has been no increase since the initial execution of the Agreement,
b. There are additional immunizations recommended by the CDC and mandated by Arizona Statutes,
c. Population have grown and expanded geographically which results in additional travel,
d. Pocket-of-need populations have expanded increasing time associated with assessment, analysis and strategies of targeting,
e. Outbreaks and surveillance have increased, i.e. pertussis and measles,
f. Immunization services related to reminders and recalls have increased due to the expansion of clinics, and
g. Awareness and education activities such as, community events for health promotion and disease prevention, have expanded.

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W. Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: **HG854282**	Amendment No. **2**	Procurement Specialist **Cindy Sullivan/KH**

PRICE SHEET
Immunization Program
Effective Date: August 1, 2012 to December 31, 2012

Deliverables/Fee Schedule			
Total Salary/Fringe			**$50,000**
FEE FOR SERVICE			
ACTIVITY	**DATE DUE**	**RATE**	**TOTAL**
Administration fee per immunization visit of a child 18 years of age and younger	1/1 to 12/31	$25.00 per visit immunized	As approved by ADHS and authorized by purchase order
Completions	1/1 to 12/31	$50.00 per completion	As approved by ADHS and authorized by purchase order
Hepatitis B Case Management PRENATAL	1/1 to 12/31	$200.00 per case managed	As approved by ADHS and authorized by purchase order
Hepatitis B Case Management POSTNATAL	1/1 to 12/31	$125.00 per case managed	As approved by ADHS and authorized by purchase order
School/Childcare IDR Submittal	8/1 to 12/31	$250.00 per one-time IDR Submittal	As approved by ADHS and authorized by purchase order
School/Childcare IDR Follow-up	8/1 to 12/31	$25.00 per follow-up visit	As approved by ADHS and authorized by purchase order
Total Fee for Service			**As approved by ADHS and authorized by purchase order**

Authorization for Provision of Services: Authorization for purchase of services under this Contract shall be made only upon ADHS issuance of a Purchase Order that is signed by an authorized agent. The Purchase Order will indicate the Contract number and the dollar amount of funds authorized. The Contractor shall only be authorized to perform services up to the amount on the Purchase Order. ADHS shall not have any legal obligation to pay for services in excess of the amount indicated on the Purchase Order. No further obligation for payment shall exist on behalf of ADHS unless a) the Purchase Order is changed or modified with an official ADHS Procurement Change Order, and/or b) an additional Purchase Order is issued for purchase of services under this contract.

Consent 8.

Regular Board of Supervisors Meeting **Health & Social Services**

Meeting Date: 10/09/2012

Tuberculosis Control Program, IGA# ADSH12-016610, Amendment 8

Submitted By: Jennifer Steiger, Health & Social Services

Department: Health & Social Services

Presentation:	No A/V Presentation	**Recommendation:**	Approve
Document Signatures:	BOS Signature NOT Required	**# of ORIGINALS Submitted for Signature:**	0
NAME of PRESENTER:	n/a	**TITLE of PRESENTER:**	n/a
Mandated Function?:	Federal or State Mandate	**Source of Mandate or Basis for Support?:**	ADHS

REMINDER: You will use this Agenda Item template if your item involves a Grant (whether a new or renewal grant). You also must attach the Grant Approval Form to the item before Finance will approve it. Select the SPECIAL LINKS on your left-hand menu and Click on "Grant Approval Form". Then complete the form, save it and attach it to your item (on the Attachments tab).

Information

Agenda Item Text:

Approve Amendment 8 to IGA # ADHS12-016610, Tuberculosis Control Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of $12,000 for the period of 7/1/2012 to 06/30/2013.

Background:

This amendment revises the price sheet reflecting the one time supplemental increase applicable in FY 11-12 only. The total decrease brings the funding back to FY 10-11 levels.

Cochise Health & Social Services (CHSS) has the responsibility to investigate and treat suspected and active cases of Tuberculosis in Cochise County. The ADHS supports the County's efforts by means of grant funding to pay for consulting physician services, necessary testing, and medication. Salaries may also be paid from these grant funds, and the Cochise Health & Social Services is paying 10% of the TB Coordinator’s salary ($3,169 + EREs).

The ADHS has funded this program for many years and the amounts of the grants have fluctuated with the fortunes of the State's revenues. This amendment does not effect the base line total funding. Travel decreases to 2,500.00 unchanged from FY 10-11, and Other Operating decreases to 2699.00 unchanged from FY 10-11 levels. The net decrease in these line items reflects the total decrease of 6,500.00 from FY 11-12.

Department's Next Steps (if approved):

Your approvals are respectfully requested.

Impact of NOT Approving/Alternatives:

Not approving this grant will cause Cochise Health & Social Services to rely on County General Funds to meet the mandatory requirements of TB case investigation and treatment in Cochise County.

To BOS Staff: Document Disposition/Follow-Up:

A fully executed original will be sent to the Clerk of the Board for filing purposes.

Fiscal Impact

Fiscal Year:	2012-2013
One-time Fixed Costs? ($$$):	
Ongoing Costs? ($$$):	
County Match Required? ($$$):	
A-87 Overhead Amt? (Co. Cost Allocation $$$):	1,973
Source of Funding?:	ADHS

Fiscal Impact & Funding Sources (if known):

This is a grant-funded, fixed price program through the Arizona Department of Health Services,. The amount of the contract or other provision of service are reflected below.

Salary's & ERE's = $4,200 (unchanged)
Professional & Outside services = $2,600 (unchanged)
A-87 OH Rate @46.98 % = $1973 (decreased)
OH Authorized = $ 0
Net County Subsidy = $1973 (decreased)

Attachments

TB Amend 8 GAF 9-12

TB Amend 8 IGA 9-12

Executive Summary Form

Agenda Number: HLT-- (Tuberculosis Control Program)

Recommendation:

Approve Amendment 8 to IGA #: ADHS12-016610, Tuberculosis Control Program, between the Arizona Department of Health Services and Cochise Health & Social Services, in the amount of $12,000 for the period of 7/1/2012 to 06/30/2013.

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The ADHS has funded this program for many years and the amounts of the grants have fluctuated with the fortunes of the State's revenues. This amendment does not effect the base line total funding. Travel decreases to 2,500.00 unchanged from FY 10-11, and Other Operating decreases to 2699.00 unchanged from FY 10-11 levels. The net decrease in these line items reflects the total decrease of 6,500.00 from FY 11-12.

Fiscal Impact & Funding Sources:

This is a grant-funded, fixed price program through the Arizona Department of Health Services,. The amount of the contract or other provision of service are reflected below.

Salary's & ERE's =	$ 4,200 (unchanged)
Professional & Outside services	$2,600 (unchanged)
A-87 OH Rate @46.98 % =	$ 1973 (decreased)
OH Authorized =	$ 0
Net County Subsidy =	$ 1973 (decreased)

Next Steps/Action Items/Follow-up:

Your approvals are respectfully requested.

Impact of Not Approving:

Not approving this grant will cause Cochise Health & Social Services to rely on County General Funds to meet the mandatory requirements of TB case investigation and treatment in Cochise County.

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT	ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: ADHS12-016610 / Amendment No. 8	Procurement Specialist Cindy Sullivan

Tuberculosis Control Program

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Effective July 1, 2012, the Price Sheet, Amendment Six (6), Page Two (2), is replaced by revised Price Sheet, Amendment Eight (8), Page Two (2). The Price Sheet total decreased $6,500.00 for a total of $12,000.00. The Line Item changes are as follows:

   1.1 Travel Expenses decreased $1,250.00 due to AY12 Price Sheet having a one-time only supplemental increase this decrease deletes the supplemental amount for AY13 Price Sheet;
   1.2 Other Operating decreased $4,094.00 due to AY12 Price Sheet having a one-time only supplemental increase this decrease deletes the supplemental amount for AY13 Price Sheet; and
   1.3 Other decreased $1,156.00 due to AY12 Price Sheet having a one-time only supplemental increase this decrease deletes the supplemental amount for AY13 Price Sheet.

All other provisions of this agreement remain unchanged.

Cochise County Health Department
Contractor Name

1415 Melody Lane, Bldg A
Address

Bisbee AZ 85603
City **State** **Zip**

CONTRACTOR SIGNATURE

Mary Gomez
Contractor Authorized Signature

MARY GOMEZ
Printed Name

DIRECTOR - CHSS
Title

CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Rey Bm 9-17-12
Signature **Date**

Jerry Bandou
Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this _____ **day of** _____ **2012**

Procurement Officer

Attorney General Contract No. P0012012000033, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Date
Assistant Attorney General

Printed Name:

RESERVED FOR USE BY THE SECRETARY OF STATE

Under House Bill 2011, A.R.S. § 11-952 was amended to remove the requirement that Intergovernmental Agreements be filed with the Secretary of State.

PRICE SHEET
COCHISE COUNTY – TB CONTROL
COST REIMBURSEMENT - CONTRACT HG854563
Effective July 1, 2012

Cost Reimbursement Category	Amount
a. PERSONAL SERVICES AND ERE	$4,200.00
b. PROFESSIONAL AND OUTSIDE SERVICES	$2,600.00
c. TRAVEL EXPENSES	$2,500.00
d. OTHER OPERATING	$2,699.00
e. CAPITAL OUTLAY EXPENSES	$1.00
f. OTHER	$0
TOTAL	**$12,000.00**

Note: With prior approval from ADHS Program Manager, the Contractor is authorized to transfer up to a maximum of thirty-five percent (35%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding thirty-five percent (35%) percent or to a non-funded item shall require a Contract Amendment.

Public Hearings 9.

Regular Board of Supervisors Meeting **Board of Supervisors**

Meeting Date: 10/09/2012

New Liquor License Flying Leap Vineyards

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation:	No A/V Presentation	**Recommendation:**	Approve
Document Signatures:	BOS Signature NOT Required	**# of ORIGINALS Submitted for Signature:**	0
NAME of PRESENTER:	Katie Howard	**TITLE of PRESENTER:**	Clerk of the Board
Mandated Function?:	Not Mandated	**Source of Mandate or Basis for Support?:**	

Docket Number (If applicable):

Information

Agenda Item Text:

Approve a new liquor license application for a series #13 (domestic farm winery) liquor license submitted by Mr. Mark W. Beres for Flying Leap Vineyards located at 5051 E. Flying Leap Way, Willcox, 85643.

Background:

Mr. Mark W. Beres has applied for a series #13 (domestic farm winery) for Flying Leap Vineyards located at 5051 E. Flying Leap Way, Willcox, 85643. The Sheriff's Office and the Planning and Zoning Department have recommended approval of the application. There have been no formal protests to this liquor license.

The Environmental Health Division that they have no objections to issuing a liquor license to Mr. Mark W. Beres. The Treasurer's Office noted that all property taxes for the location are current.

Mr. Mark W. Beres has paid the $100.00 processing fee. Supporting documentation regarding this liquor license is attached.

Department's Next Steps (if approved):

Board staff will forward the Board's decision to the Arizona Department of Liquor License and Control.

Impact of NOT Approving/Alternatives:

A hearing on this application will be scheduled with the State Liquor Board.

To BOS Staff: Document Disposition/Follow-Up:

Send packet to ADLLC and copy of letter w/out attachments to applicant.

Fiscal Impact

Fiscal Year:	12-13
One-time Fixed Costs? ($$$):	0
Ongoing Costs? ($$$):	0

County Match Required? ($$$): 0

A-87 Overhead Amt? (Co. Cost Allocation $$$): 0

Source of Funding?: n/a

Fiscal Impact & Funding Sources (if known):

n/a

Attachments

Application

Notice of Posting

Completed Review Forms

Affidavit of Posting

'12 JUL 10 Liqr. Dept AM 11 22

'12 AUG 22 Liqr. Dept PM 1 08

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

APPLICATION FOR LIQUOR LICENSE

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
- ☐ INTERIM PERMIT ***Complete Section 5***
- ☒ NEW LICENSE ***Complete Sections 2, 3, 4, 13, 14, 15, 16***
- ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY) ***Complete Sections 2, 3, 4, 11, 13, 15, 16***
- ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY) ***Complete Sections 2, 3, 4, 12, 13, 15, 16***
- ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE ***Complete Sections 2, 3, 4, 9, 13, 16*** (fee not required)
- ☐ GOVERNMENT ***Complete Sections 2, 3, 4, 10, 13, 15, 16***

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. ***Complete Section 6***
- ☐ INDIVIDUAL ***Complete Section 6***
- ☐ PARTNERSHIP ***Complete Section 6***
- ☒ CORPORATION ***Complete Section 7***
- ☐ LIMITED LIABILITY CO. ***Complete Section 7***
- ☐ CLUB ***Complete Section 8***
- ☐ GOVERNMENT ***Complete Section 10***
- ☐ TRUST ***Complete Section 6***
- ☐ OTHER (Explain) _____

SECTION 3 Type of license and fees **LICENSE #(s):** ~~Series 13~~ 13023029

1. Type of License(s): Domestic Farm Winery Series 13

2. Total fees attached: $ 160

Department Use Only

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.

The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

1. Owner/Agent's Name: Mr. / Ms. Beres (Last) Mark (First) Walter (Middle) P1067809
(Insert one name ONLY to appear on license)

2. Corp./Partnership/L.L.C.: Flying Leap Vineyards, Inc. B1048777
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Flying Leap Vineyards B1048778
(Exactly as it appears on the exterior of premises)

4. Principal Street Location: 5051 E. Flying Leap Way. (Do not use PO Box Number) Willcox (City) Cochise (County) 85643 (Zip)

5. Business Phone: (520) 818-8997 Daytime Contact: (520) 818-8997

6. Is the business located within the incorporated limits of the above city or town? ☒YES ☐NO

7. Mailing Address: 16500 S. Creosote View Ln. Vail, AZ 85641
(City) (State) (Zip)

8. Price paid for license only bar, beer and wine, or liquor store: Type _____ $_____ Type _____ $_____

RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS
2012 SEP 12 PM 12:06

DEPARTMENT USE ONLY

Fees: 100 Application | _____ Interim Permit | _____ Agent Change | _____ Club | 60 Finger Prints | $ 160 TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒YES ☐ NO

Accepted by: SG Date: 8/29/12 Lic. # 13023029

3/9/2012

***Disabled individuals requiring special accommodation, please call (602) 542-9027.**

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.

'12 AUG 22 Liq. Dept PM 1 08

2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location._____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use?_____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)

MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X_____
(Signature)

My commission expires on: _____

State of _____ County of_____

The foregoing instrument was acknowledged before me this

_____day of _____, _____
Day Month Year

_____
(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $24 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
☐ ☐						
☐ ☐						
☐ ☐						
☐ ☐						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

'12 AUG 22 Liqr. Dept PM 1:08

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $22 PROCESSING FEE FOR EACH CARD.

☒ CORPORATION ***Complete questions 1, 2, 3, 5, 6, 7, and 8.***

☐ L.L.C. ***Complete 1, 2, 4, 5, 6, 7, and 8.***

1. Name of Corporation/L.L.C.: Flying Leap Vineyards, Inc.
(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 11/15/2010 State where Incorporated/Organized: Arizona

3. AZ Corporation Commission File No.: 1640095-9 Date authorized to do business in AZ: 11/17/2010

4. AZ L.L.C. File No: _____ Date authorized to do business in AZ: _____

5. Is Corp./L.L.C. Non-profit? ☐ YES ☒NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last First Middle	Title	Mailing Address City State Zip
Beres, Mark Walter	President	16500 S. Creosote View Ln. Vail, AZ 85641
Moeller, Marc Oliver	VP, SEC & TREAS.	8729 Talbott Farm Dr. Alexandria, VA 22309
N/A	N/A	N/A
N/A	N/A	N/A

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last First Middle	% Owned	Mailing Address City State Zip
Moeller, Marc Oliver	54%	8729 Talbott Farm Dr. Alexandria, VA 22309
Kitchens, Thomas Grant	16%	6908 35th Ave. SW Unit B Seattle, WA 98126
Beres, Mark Walter	14%	16500 S. Creosote View Ln. Vail, AZ 85641
NO ONE ELSE OWNS 10% OR MORE	–	–

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND $22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last First Middle	Title	Mailing Address City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle

2. Assignee's Name: _____
Last First Middle

'12 JUL 10 Liqr. Dept AM11:52

3. License Type: _____ License Number: _____ Date of Last Renewal: _____

4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____

2. Person/designee: _____ _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

'12 JUL 23 Liqr. Dept PM 1:03

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)

2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)

3. Current Business Name: _____
(Exactly as it appears on license)

4. Physical Street Location of Business: Street _____
City, State, Zip _____

5. License Type: _____ License Number: _____

6. If more than one license to be transfered: License Type: _____ License Number: _____

7. Current Mailing Address: (Other than business) Street _____
City, State, Zip _____

8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO

9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

_____ State of _____ County of _____
(Signature of CURRENT LICENSEE) The foregoing instrument was acknowledged before me this

_____ _____ _____
Day Month Year

My commission expires on: _____

_____
(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: (Exactly as it appears on license) Name _____
   Address _____
2. New Business: (Physical Street Location) Name _____
   Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizonal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

a) Restaurant license (§ 4-205.02)
b) Hotel/motel license (§ 4-205.01)
c) Government license (§ 4-205.03)
d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 86,592 ft. Name of school PPEP Tec - Eugene Lopez Learning Center
   Address 158 W. Maley St. Willcox, AZ 85643
   City, State, Zip
2. Distance to nearest church: 86,592 ft. Name of church Jericho Faith Center
   Address 516 S. Railroad Ave. Willcox, AZ 85643
   City, State, Zip
3. I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name _____
   Address _____
   City, State, Zip

4a. Monthly rental/lease rate $_____ What is the remaining length of the lease __ yrs. ____mos.

4b. What is the penalty if the lease is not fulfilled? $_____ or other _____
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? $405,156
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
Pioneer Title (Land Mortgage)			$297,163	363 W. 4th St. Benson, AZ 85602		
Moeller, Helmut			$43,898	5393 Belardo Dr. San Diego, CA 92124		
John Deere Credit			$33,716	P.O. Box 4450 Carol Stream, IL 60197		
Great Western Bank			$16,745	2955 E. Grant Rd. Tucson, AZ 85716		
Bank of the West			$13,634	P.O. Box 4024 Alameda, CA 94501		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? DFW, Internet Sales (AZ), Tasting Room Sales, Wine Festivals

SECTION 13 - continued

'12 AUG 22 Liqr. Dept PM 1 09

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☒ NO If yes, attach explanation.

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO

9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License #_____(exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

_____
applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

_____
applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check **ALL** boxes that apply to your business:

☒ Entrances/Exits ☒ Liquor storage areas Patio: ☐ Contiguous
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? _____
month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

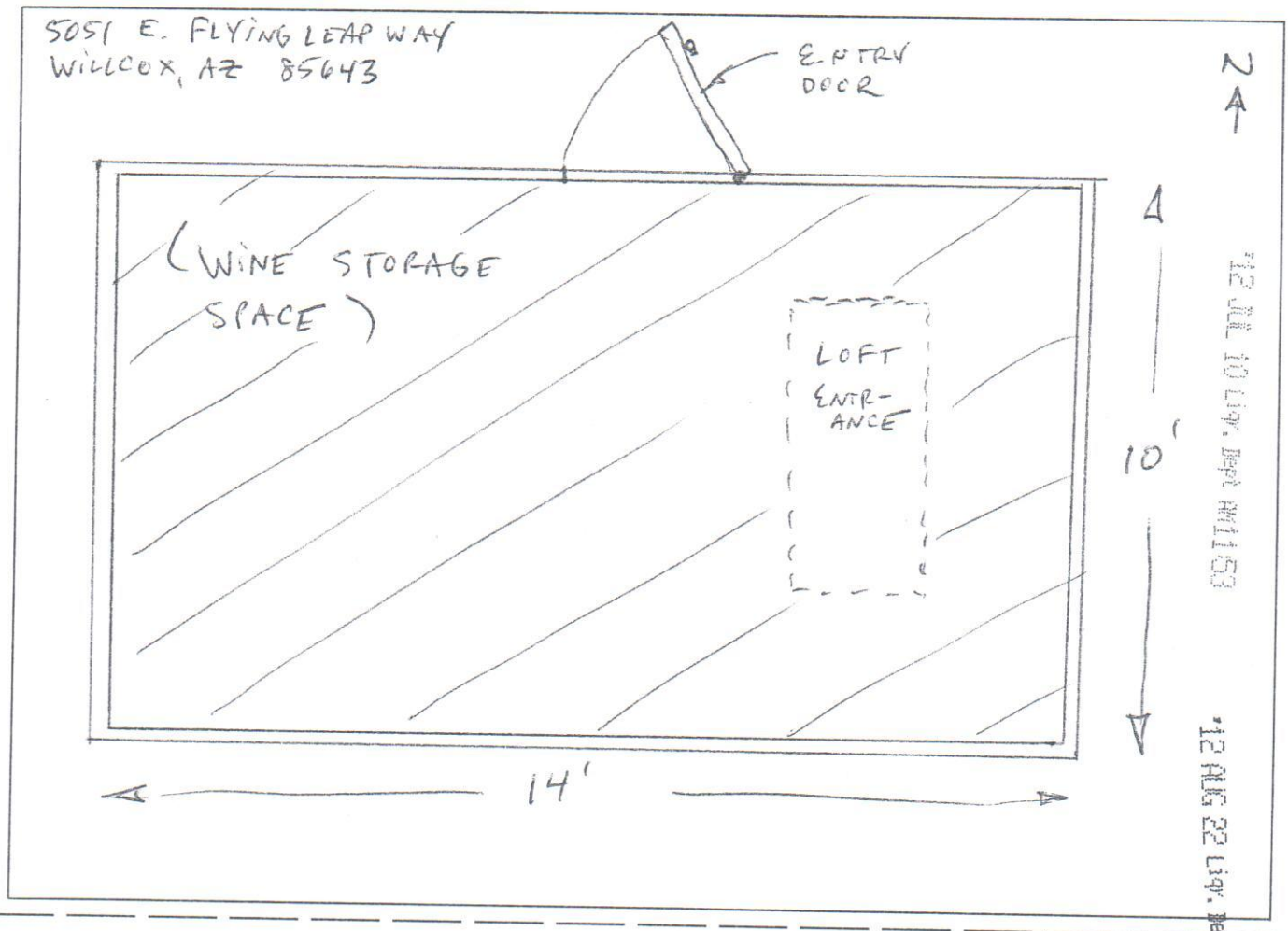
As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows,or increase or decrease to the square footage after submitting this initial drawing.

_____
applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



SECTION 16 Signature Block

I, Mark Walter Beres (print full name of applicant), hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X _____
(signature of applicant listed in Section 4, Question 1)

MALLORY LYNCH NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES DEC. 20, 2015

My commission expires on 20, 12, 2015
Day Month Year

State of Washington County of King

The foregoing instrument was acknowledged before me this 20th Day of June Month, 2012 Year

_____
signature of NOTARY PUBLIC

NOTICE

APPLICATION TO SELL ALCOHOLIC BEVERAGES

DATE POSTED: SEPTEMBER 7, 2012

A HEARING ON A LIQUOR LICENSE APPLICATION SHALL BE HELD BEFORE THE

COCHISE COUNTY BOARD OF SUPERVISORS

PLACE 1415 Melody Ln, Bisbee, Arizona **DATE/TIME** OCTOBER 9, 2012 @ 10:00 a.m.

HEARING DATES SUBJECT TO CHANGE, TO VERIFY CALL: 520-432-9200

THE LOCAL GOVERNING BODY WILL RECOMMEND TO THE STATE LIQUOR BOARD WHETHER THE BOARD SHOULD GRANT OR DENY THE LICENSE. THE STATE LIQUOR BOARD MAY HOLD A HEARING TO CONSIDER THE RECOMMENDATION OF THE LOCAL GOVERNING BODY. ANY PERSON RESIDING OR OWNING OR LEASING PROPERTY WITHIN A ONE-MILE RADIUS MAY CONTACT THE STATE LIQUOR BOARD IN WRITING TO REGISTER AS A PROTESTER. TO REQUEST INFORMATION REGARDING PROCEDURES BEFORE THE BOARD AND NOTICE OF ANY BOARD HEARINGS REGARDING THIS APPLICATION, CONTACT THE **STATE LIQUOR BOARD**: **800 W. WASHINGTON, 5TH FLOOR, PHOENIX, AZ. 85007 (602) 542-9789**

INDIVIDUALS REQUIRING ADA ACCOMMODATIONS CALL - LOCAL GOVERNING BODY: STATE LIQUOR DEPT: (602) 542-9789

POST ONE COPY OF THE APPLICATION FORM BELOW THIS NOTICE.

COCHISE COUNTY BOARD OF SUPERVISORS

Telephone (520) 432-9200
Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name:	Mark W. Beres	Address:	5051 E. Flying Leap Way
Business Name:	Flying Leap Vineyards	City/Zip:	Willcox/85643
Liquor License #:	13023029	Parcel #:	305-53-012C
Ownership Type:	Corporation	Liquor License ☒	Special Event Liquor License ☐
Partner(s):			

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

☒ Yes XX No

The taxes are being billed to:
Saguaro Canyon Vineyards Inc. for the 2011 tax year they were mailed to & returned from: 7312 E 45th St Tucson. The 2011 taxes are unpaid: the total amount owing on 2011 thru the end of Sept is $490.22

9/24/12: All taxes have been paid. AR

Name:	P.J. Green	Title:	Tax Specialist
Signature:		Date:	Sept 6, 2012
Contact phone:	432-8406	Email:	

Return completed form with any attachments by: 9/13/12

INQUIRY COCHISE COUNTY TAX INQUIRY TXPyInqRG
Cashier: KWI

Parcel: 305 53 012 03 1 Yr: 2012 Roll#: 00-92389
Legal Desc: PARCEL C PER R/S BK29 PG97 AKA A POR OF Area: 1302
Sec Code: BW3V7X

Name 1 : SAGUARO CANYON VINEYARDS INC
Name 2 :
Name 3 :
C/O Name :
Address : 10475 E GEORGE TOLMAN LN
City,St,Zip: TUCSON AZ 85747

	Taxes Remaining	Fees Pd	Int Pd	Pen Pd	Taxes Paid
1st Half:	.00	.00	.00	.00	275.54
2nd Half:	275.54	.00	.00	.00	.00

1st Half Paid By: LANDMARK TITLE ASSURANCE AG Date Pd: 9.21.2012 AME
2nd Half Paid By: Date Pd:
1st Half Int Due: .00 1st Half Pen Due: .00
2nd Half Int Due: .00 2nd Half Pen Due: .00

Option: _
P H F5-Legal Desc F10-Roll Info F3-Return
F12-Step back

COCHISE COUNTY TREASURER
Reprint Receipt

Date: 9.21.2012 Time: 12:51:23 Page: 1
Cashier: AME

Tax Year	Parcel	Portion	Roll #	Tax Paid	Interest Paid	Penalty Paid	Paid
2011	30553012031	1	00-92352	221.48	32.49		253.97
2011	30553012031	2	00-92352	221.48	14.77		236.25
2012	30553012031	1	00-92389	275.54			275.54

Payment type: Check# 001143 Payment Received: $ 765.76
Check Amt: 765.76

Received from:

LANDMARK TITLE ASSURANCE AG
ONE SOUTH CHURCH STE 2040
TUCSON AZ 85701

INQUIRY COCHISE COUNTY TAX INQUIRY TXPyInqRG
Cashier: KWI

Parcel: 305 53 012 05 9 Yr: 2011 Roll#: 00-92354
Legal Desc: PARCEL E PER R/S BK 29 PG97 AKA A POR OF Area: 1302
Sec Code: AM3K7N

Caution Codes This Year

Name 1 : PEI LLC
Name 2 :
Name 3 :
C/O Name :
Address : 16640 S 14TH ST
City,St,Zip: PHOENIX AZ 85408

Caution Codes This Year

	Taxes Remaining	Fees Pd	Int Pd	Pen Pd	Taxes Paid
1st Half:	.00	.00	60.61	.00	413.19
2nd Half:	.00	.00	27.56	.00	413.19

1st Half Paid By: Marc Moeller Date Pd: 9.21.2012 OPC
2nd Half Paid By: Marc Moeller Date Pd: 9.21.2012 OPC
1st Half Int Due: .00 1st Half Pen Due: .00
2nd Half Int Due: .00 2nd Half Pen Due: .00

Option: _ F8-Show caution codes. F3-Return
P H F5-Legal Desc F10-Roll Info F12-Step back

COCHISE COUNTY TREASURER
Reprint Receipt

Date: 9.21.2012 Time: 10:05:46 Page: 1
Cashier: OPC

Tax Year	Parcel	Portion	Roll #	Tax Paid	Interest Paid	Penalty Paid	Paid
2011	30553012059	1	00-92354	413.19	60.61		473.80
2011	30553012059	2	00-92354	413.19	27.56		440.75

Payment type: Ele.Cr. 101014 Payment Received: $ 914.55

Received from:

Marc Moeller
10475 E. George Tolman Lane
Tucson AZ 85747

COCHISE COUNTY TREASURER
Reprint Receipt

Date: 9.21.2012 Time: 10:10:33

Cashier: OPC

Tax Year	Parcel	Portion	Roll #	Tax Paid	Interest Paid	Penalty Paid	Paid
2012	30553012059	1	00-92391	515.92			515.92
2012	30553012059	2	00-92391	515.92			515.92

Payment type: Ele.Cr. 101014 Payment Received: $ 1,031.84

Received from:

Marc Moeller
10475 E. George Tolman Lane
Tucson AZ 85747

COCHISE COUNTY BOARD OF SUPERVISORS

Telephone (520) 432-9200
Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name:	Mark W. Beres	Address:	5051 E. Flying Leap Way
Business Name:	Flying Leap Vineyards	City/Zip:	Willcox/85643
Liquor License #:	13023029	Parcel #:	305-53-012C
Ownership Type:	Corporation	Liquor License ☒	Special Event Liquor License ☐
Partner(s):			

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. The applicant, or any named partner(s), has had a felony conviction within five (5) years prior to the application or;
2. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: There are no felony convictions for any of the named parties. There is no record of any incidents occuring at the named location within the previous five (5) year period.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:	Approval	Disapproval	No Recommendation
	☒	☐	☐

Name:	Ken Buckner	Title:	Deputy Commander
Signature:	D.C. K. Buckner	Date:	09-13-12
Contact phone:	520-432-9506	Email:	kbuckner@cochise.az.gov

Return completed form with any attachments by: 9/20/12

COCHISE COUNTY BOARD OF SUPERVISORS

Telephone (520) 432-9200
Fax (520) 432-5016

For internal use only:

___ Restaurant/Hotel-Motel
___ Club/Government
___ Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Mark W. Beres
Business Name: Flying Leap Vineyards
Liquor License #: 13023029
Ownership Type: Corporation
Partner(s):

Address: 5051 E. Flying Leap Way
City/Zip: Willcox/85643
Parcel #: 305-53-012C

Liquor License ☒ Special Event Liquor License ☐

TO BE COMPLETED BY THE PLANNING & ZONING DEPARTMENT

Please advise if, at the time the application was filed:

1. The premises for which the license is being applied for is within 300 horizontal feet of a church; or
2. The premises for which the license is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building.

If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed site not within 300 horizontal feet of a church, public or private school, or fenced recreation area adjacent to a school building.

Based on the above information, the Planning and Zoning Department's recommendation to the Board of Supervisors is:	Approval	Disapproval
	☒	☐

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐
Use permitted by P&Z? Y ☐ N ☒
Date Permit Issued: N/A
If use not permitted, is it LNC? Y ☐ N ☒

Zoning: RU-4
Permit#: AG EXEMPT
Use Permitted: AG EXEMPT
Year LNC Established: N/A

☐ The Planning Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.

☐ The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.

☐ The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.

☐ The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores
Signature: Dora V Flores
Contact phone: 520-432-9240

Title: Permit and Customer Service Coordinator
Date: September 13, 2012
Email: dflores@cochise.az.gov

Return completed form with any attachments by: 9/13/12

ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

AFFIDAVIT OF POSTING

Date of Posting: September 7, 2012 Date of Posting Removal: Sept. 27, 2012

Applicant Name: Beres (Last) Mark (First) Walter (Middle)

Business Address: 5051 E. Flying Leap Way (Street) Willcox (City) 85643 (Zip)

License #: 13023029

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

BRETT L. SIPE (Print Name of City/County Official) BUILDING INSPECTOR (Title) 520-432-9266 (Telephone #)

[signature] (Signature) 9-28-12 (Date Signed)

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

Action 10.

Regular Board of Supervisors Meeting **Board of Supervisors**

Meeting Date: 10/09/2012

Appointment of Sheriff

Submitted By: Arlethe Rios, Board of Supervisors

Department: Board of Supervisors

Presentation:	No A/V Presentation	**Recommendation:**	
Document Signatures:		**# of ORIGINALS Submitted for Signature:**	
NAME of PRESENTER:	Michael J. Ortega	**TITLE of PRESENTER:**	County Administrator
Mandated Function?:		**Source of Mandate or Basis for Support?:**	

Information

Agenda Item Text:

Pursuant to A.R.S. § 16-230.A.2. discussion and possible action to appoint a person to fill the remaining portion of Larry Dever's term of office as Cochise County Sheriff.

Background:

A.R.S. § 16-230.A.2.

16-230. Vacancy in certain state or county offices; election

A. Notwithstanding any other statute and except as prescribed by subsection C of this section, for state and county offices that provide for a four-year term of office, the following applies if there is a vacancy in office due to death, disability, resignation or any other cause:

2. If a county office becomes vacant, the board of supervisors shall appoint a person of the same political party as the person vacating the office to fill the portion of the term until the next regular general election. If the person vacating the office changed political party affiliations after taking office, the person who is appointed to fill the vacancy shall be of the same political party that the vacating officeholder was when the vacating officeholder was elected or appointed to that office. If the vacancy occurs within the first two years of the term, and before the date on which a nomination paper is required to be filed as prescribed by section 16-311, a primary election shall be held as otherwise provided by law to determine candidates to fill the unexpired term. At the next regular general election, the person elected shall fill the remainder of the unexpired term of the vacant office.

Department's Next Steps (if approved):

TBD

Impact of NOT Approving/Alternatives:

TBD

To BOS Staff: Document Disposition/Follow-Up:

TBD