

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Charlene Rae Manning Address: 4923 E. Arzberger Road
Business Name: Kief-Joshua Vineyards City/Zip: Willcox/85611
Liquor License #: 13023049 Parcel #: 305-26-005E
Ownership Type: Incorporated Liquor License Special Event Liquor License
Partner(s): Jeffrey Dean Manning & Kief Joshua Manning

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

If the applicant's current proposal is to sell bottles of wine that are commercially produced and single serve wine tasting; therefore Cochise County Environmental Health Division has no concerns with the current proposal and no objection to the issuing of Liquor License #13023049 to Charlene Rae Manning dba Kief-Joshua Vineyards.

If the applicant plans to serve food or reuse wine glasses a permit from Environmental Health would need to be applied for. A septic permit will be required if not already applied for will need to contact Planning & Zoning.

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Health Department is currently working with the property owner on health-related issues with the subject property.

Name: Natalie Johnson Title: Environmental Health Specialist
Signature: *Natalie Johnson* Date: 01/12/17
Contact phone: 520-568-8208 Email: njohnson@cochise.az.gov

Return completed form with any attachments by: 1/18/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

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For internal use only:

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

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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 <input checked="" type="checkbox"/> | Disapproval <input type="checkbox"/> |
|---|---|---|

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y N Zoning: RU-4
 Use permitted by P&Z? Y N Permit#: Ag Exempt
 Date Permit Issued: N/A Use Permitted: Agricultural Process Services-On Site
 If use not permitted, is it LNC? Y N 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 applicant is growing, producing and selling on site.

Name: Dora V Flores Title: Zoning Administrator
 Signature: Dora V Flores Date: January 17, 2017
 Contact phone: 520.432.9300 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 1/18/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

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APPLICANT INFORMATION

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Liquor License #: 13023049 Parcel #: 305-26-005E
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TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. 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 HAVE BEEN NO SIGNIFICANT INCIDENTS AT THE NAMED LOCATION

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

Disapproval

No Recommendation

Name: Sam Farris

Title: Commander

Signature: *Sam Farris* #1637

Date: 1/12/2017

Contact phone: 520-353-6073

Email: sfarris@cochise.az.gov

Return completed form with any attachments by: 1/18/17

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TO BE COMPLETED BY THE TREASURER'S OFFICE

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

XXX Yes No

If not, please attach pertinent documentation.

Comments:

FIRST HALF TAXES ARE PAID

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 1/11/2017
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 1/18/17