

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Judith Lee Leiker Address: 13116 S. Highway 191  
Business Name: Mustang Mall, LLC. City/Zip: Pearce/85625  
Liquor License #: 09020044 Parcel #: 401-14-085D  
Ownership Type: Limited Liability Corporation Liquor License  Special Event Liquor License   
Partner(s): \_\_\_\_\_

## 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:

Cochise County Environmental Health has no issues or concerns with the proposed license.

## 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: Carl Hooper Title: Env Health Specialist  
Signature:  Date: 2/11/2017  
Contact phone: 520 432 9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 2/9/17

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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"/>
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### OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y  N  Zoning: GB  
 Use permitted by P&Z? Y  N  Permit#: 945014  
 Date Permit Issued: 12/28/93 Use Permitted: Grocery Store  
 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 Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: Dora V Flores Title: Zoning Administrator  
 Signature: Dora V Flores Date: February 3, 2017  
 Contact phone: 520-432-9300 Email: dflores@cochise.az.gov

*Return completed form with any attachments by:* 2/9/17

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Partner(s): \_\_\_\_\_

## 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 NOT BEEN A SIGNIFICANT NUMBER OF INCIDENTS RELATIVE TO ALCOHOL AT THIS 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: [Signature]

Date: 2/2/17

Contact phone: 520-353-6073

Email: SFARRIS@COCHISE.AZ.GOV

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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.

xxxx  Yes  No

If not, please attach pertinent documentation.

Comments:

The first half of 2016 taxes have been paid

Name: Kathleen wilson Title: Tax specialist 1  
Signature: Kathleen wilson Date: 2/2/17  
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 2/9/17