

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Ayana Danielle Malarchik Address: 4907 South Highway 92
Business Name: The Outside Inn City/Zip: Sierra Vista/85635
Liquor License #: 12023199 Parcel #: 107-68-001J
Ownership Type: Limited Liability Corporation Liquor License Special Event Liquor License
Partner(s): Patrick Michael Malarchik

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:

The Environmental Health Division recommends approval and is working with the applicant to permit the Food Establishment.

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: Tim Wyatt Title: Environmental Health Specialist III
Signature:  Date: July, 13, 2017
Contact phone: 803-3920 Email: TWyatt@cochise.az.gov

Return completed form with any attachments by: 6/30/17

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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: N/A - Series #12 licenses are exempt from the 300 foot rule

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 <input checked="" type="checkbox"/> N <input type="checkbox"/>	Zoning:	General Business (GB)
Use permitted by P&Z?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:	3608
Date Permit Issued:	03/18/80	Use Permitted:	Restaurant
If use not permitted, is it LNC?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	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:** June 27, 2017
Contact phone: 520.432.9300 **Email:** Dflores@cochise.az.gov

Return completed form with any attachments by: 6/30/17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-8200

Fax (520) 432-5016

APPLICANT INFORMATION

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Liquor License #: 12023199 **Parcel #:** 107-68-001J
Ownership Type: Limited Liability Corporation **Liquor License** **Special Event Liquor License**
Partner(s): Patrick Michael Malarchik

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 at the named location within five (5) years prior to the application

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:	Approval	Disapproval	No Recommendation
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Name: Sam Farris **Title:** Commander
Signature:  **Date:** 07/11/2017
Contact phone: 520-432-9500 **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.

XXX Yes No

If not, please attach pertinent documentation.

Comments: PAID IN FULL FOR THE 2016 TAX YEAR

Name: KATHLEEN WILSON Title: TAX SPECIALIST I
Signature: KATHLEEN WILSON Date: 06/23/2017
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 6/30/17