

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Edith Jeanne Gustason Address: 8979 N. High Lonesome Rd
Business Name: High Lonesome Vineyard City/Zip: McNeal/85617
Liquor License #: 13023051 Parcel #: 111-45-076B
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:

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: Michael McGee Title: EH Director
Signature:  Date: 8/18/17
Contact phone: X8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: 8.25.17

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-8200

Fax (520) 432-6016

APPLICANT INFORMATION

Applicant Name: Edith Jeanne Gustason Address: 8979 N. High Lonesome Road
Business Name: High Lonesome Vineyard City/Zip: McNeal/85617
Liquor License #: 13023051 Parcel #: 111-45-076B
Ownership Type: Limited Liability Corporation Liquor License [X] Special Event Liquor License []
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.

- 1. 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 [X]

Name: Sam Farris Title: Commander
Signature: [Signature] Date: 08/17/2017
Contact phone: 520-432-9506 Email: sfarris@cochise.az.gov

Return completed form with any attachments by: 8.25.17

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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:

THE PARCEL IS PAID FOR THE 2016 TAXES, THIS PARCEL SPLITS FOR 2017 TAXES TO 111-45-076 A-B-C

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 8/17/2017
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 8.25.17