

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Jeffrey James Goodman Address: 404 W Business Loop, Suite A
Business Name: Rafter G Restaurant City/Zip: Bowie/85605
Liquor License #: 12023200 Parcel #: 302-14-059
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: *Michael McGee* Date: 8/18/17
Contact phone: X8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: 8.25.17

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For internal use only:
 Restaurant/Hotel-Motel
 Club/Government
 Transfer of Premises

APPLICANT INFORMATION

Applicant Name: Jeffrey James Goodman Address: 404 W. Business Loop, Suite A
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 Liquor License #: 12023200 Parcel #: 302-14-059
 Ownership Type: Limited Liability Company Liquor License Special Event Liquor License
 Partner(s): _____

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 <input checked="" type="checkbox"/> N <input type="checkbox"/>	Zoning:	GB – General Business
Use permitted by P&Z?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:	17-00498
Date Permit Issued:	June 9, 2017	Use Permitted:	3,000 Sq Ft Restaurant w/Gift Shop
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: August 23, 2017
 Contact phone: 520.432.9300 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 8.25.17

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Ownership Type: Limited Liability Company Liquor License 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.

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 <input type="checkbox"/>	Disapproval <input type="checkbox"/>	No Recommendation <input checked="" type="checkbox"/>
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Name: Sam Farris Title: Commander
Signature:  Date: 09.06.2017
Contact phone: 520.432.9500 Email: sfarris@cochise.az.gov

Return completed form with any attachments by: 8.25.17

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APPLICANT INFORMATION

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Partner(s): _____

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 2016 taxes are paid in full

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