

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Carol Park Aden Address: Northeast Corner of Kansas Settlement Road and E. Fawn Ranch Road  
Business Name: AZ Backroads Wine LLC City/Zip: Pearce 85625  
Liquor License #: n/a Parcel #: 114-01-084  
Ownership Type: Limited Liability Co. Liquor License  Special Event Liquor License   
Partner(s): n/a

## 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:

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1  
Signature: KATHLEEN WILSON Date: 7/16/2018  
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 607/16/2018

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**For internal use only:**

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

### APPLICANT INFORMATION

Applicant Name:	<u>Carol Park Aden</u>	Address:	<u>Northeast Corner of Kansas Settlement Road and E. Fawn Ranch Road</u>
Business Name:	<u>AZ Backroads Wine LLC</u>	City/Zip:	<u>Pearce 85625</u>
Liquor License #:	<u>n/a</u>	Parcel #:	<u>114-01-084</u>
Ownership Type:	<u>Limited Liability Co.</u>	Liquor License	<input checked="" type="checkbox"/> Special Event Liquor License <input type="checkbox"/>
Partner(s):	<u>n/a</u>		

### 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 area 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:	RU-4
Use permitted by P&Z?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Permit#:	N/A
Date Permit Issued:	N/A		Use Permitted:	Producing/Selling Off-Site
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: <u>Dora V Amaya</u>	Title: <u>Zoning Administrator</u>
Signature: <u>Dora V Amaya</u>	Date: <u>June 20, 2018</u>
Contact phone: <u>520-803-3966</u>	Email: <u>damaya@cochise.az.gov</u>

*Return completed form with any attachments by:* 6/20/18

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## APPLICANT INFORMATION

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Partner(s): n/a

## 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: The Sheriff's Office has not had to respond to a significant number of incidents at the above location within the last 5-years.

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: Richard Morales

Title: Lieutenant

Signature: 

Date: 06/14/18

Contact phone: (520) 353-5087

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

6/20/18

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## APPLICANT INFORMATION

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Business Name: AZ Backroads Wine LLC City/Zip: Pearce 85625

Liquor License #: n/a Parcel #: 114-01-084

Ownership Type: Limited Liability Co. Liquor License  Special Event Liquor License

Partner(s): n/a

## 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: Interim EH Director

Signature:  Date: 6/14/18

Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: 6/20/18