

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

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

APPLICANT INFORMATION

Applicant Name: Donald Leonard Bartol Jr. Address: 10400 N. Highway 191
 Business Name: Kountry Kafe City/Zip: Elfrida 85610
 Job #: 45212 Parcel #: 403-26-021
 Ownership Type: _____ 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: N/A - Series 12/13 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:	GB – General Business
Use permitted by P&Z?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:	CP-03-5034
Date Permit Issued:	05/19/2003	Use Permitted:	Bakery/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 Amaya Title: Zoning Administrator
 Signature: Dora V Amaya Date: January 15, 2019
 Contact phone: 520.803.3960 Email: damaya@cochise.az.gov

Return completed form with any attachments by: 1/21/19

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-8200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Donald Leonard Bartol Jr. **Address:** 10400 N. Highway 191
Business Name: Kountry Kafe **City/Zip:** Elfrida 85610
Job #: 45212 **Parcel #:** 403-26-021
Ownership Type: _____ **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: 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

Disapproval

No Recommendation

Name: Richard Morales **Title:** Lieutenant
Signature:  **Date:** 01/10/19
Contact phone: (520)353-5087 **Email:** RDMorales@cochise.az.gov

Return completed form with any attachments by: 1/21/19

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Business Name: Kountry Kafe City/Zip: Eflrida 85610
Job #: 45212 Parcel #: 403-26-021
Ownership Type: _____ 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: Interim EH Director
Signature:  Date: 1/8/19
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov
gov

Return completed form with any attachments by: 1/21/19

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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:

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 1/7/2019
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.

Return completed form with any attachments by: 1/21/2019