

# 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: <u>Sharon Marie Kidd</u> Business Name: <u>Family In and Out</u> Liquor License #: <u>Job #63547</u> Ownership Type: <u>n/a</u> Partner(s): <u>n/a</u>	Address: <u>3854 West Country Lane</u> City/Zip: <u>McNeal 85617</u> Parcel #: <u>407-04-007B</u> Liquor License <input checked="" type="checkbox"/> Special Event Liquor License <input type="checkbox"/>
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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: 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:	General Business (GB)
Use permitted by P&Z?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:	CP-02-5080
Date Permit Issued:	August 6, 2002	Use Permitted:	Re-Establish Country Store & Bar
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>May 13, 2019</u>
Contact phone: <u>520.803.3960</u>	Email: <u>damaya@cochise.az.gov</u>

*Return completed form with any attachments by:* May 14, 2019

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## APPLICANT INFORMATION

Applicant Name: Sharon Marie Kidd Address: 3854 West Country Lane  
Business Name: Family In and Out City/Zip: McNeal 85617  
Liquor License #: Job #63547 Parcel #: 407-04-007B  
Ownership Type: n/a Liquor License  Special Event Liquor License   
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: 04/30/19

Contact phone: (520) 353-5087

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

May 14, 2019

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## APPLICANT INFORMATION

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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.

XXX  Yes  No

If not, please attach pertinent documentation.

Comments:

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1  
Signature: KATHLEEN WILSON Date: 4/30/19  
Contact phone: 520-432-8404 Email: KWISLON@COCHISE.AZ.GOV

Return completed form with any attachments by: May 14, 2019

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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: 4/30/19  
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: May 14, 2019