

# 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>Mitchell Ryan Webster</u> | Address:       | <u>2358 S. Rock House Road</u>  |
| Business Name:    | <u>Portal Store</u>          | City/Zip:      | <u>Portal 85632</u>   |
| Liquor License #: | <u>Job# 67885</u>            | Parcel #:      | <u>402-25-028A</u>  |
| Ownership Type:   | <u>n/a</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<br><input checked="" type="checkbox"/> | Disapproval<br><input type="checkbox"/> |
|---|---|---|

**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:        | Mini-Mart Convenience Store |
| If use not permitted, is it LNC? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Year LNC Established: | 1920                        |

- 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>July 9, 2019</u>           |
| Contact phone: <u>520.803.3960</u> | Email: <u>damaya@cochise.az.gov</u> |

*Return completed form with any attachments by:* 7/5/2019

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## APPLICANT INFORMATION

Applicant Name: Mitchell Ryan Webster Address: 2358 S. Rock House Road  
Business Name: Portal Store City/Zip: Portal 85632  
Liquor License #: Job# 67885 Parcel #: 402-25-028A  
Ownership Type: n/a 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 Env Health Director  
Signature: *Michael McGee* Date: 6/21/19  
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: 7/5/2019

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## APPLICANT INFORMATION

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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"/> |
|---|-----------------------------------|--------------------------------------|---|

Name: Rich Morales

Title: Lieutenant

Signature: 

Date: 06/26/19

Contact phone: (520)353-5087

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by: 7/5/2019

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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: 06/24/2019  
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 7/5/2019