

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 Peak Lodge</u> | City/Zip: | <u>Portal 85632</u> |
| Liquor License #: | <u>Job# 66121</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 <input checked="" type="checkbox"/> | Disapproval <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: | |
| If use not permitted, is it LNC? | Y <input checked="" type="checkbox"/> N <input type="checkbox"/> | Year LNC Established: | |

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: 7/10/2019

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APPLICANT INFORMATION

Applicant Name: Mitchell Ryan Webster Address: 2358 S. Rock House Road
Business Name: Portal Peak Lodge City/Zip: Portal 85632
Liquor License #: Job# 66121 Parcel #: 402-25-028A
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 to 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 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <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:

7/10/2019

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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 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: 6/26/19
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: 7/10/2019

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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 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: 6/26/19
Contact phone: 520-432-8404 Email: Kwilson@cochise.az.gov

Return completed form with any attachments by: 7/10/2019