

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-8200
Fax (520) 432-5018

APPLICANT INFORMATION

Applicant Name: Arlene Linda Domanico Address: 3052 N. Fort Grant Road
Business Name: Salvatore Vineyards City/Zip: Willcox 85643
Liquor License #: Job # 70540 Parcel #: 202-24-005D
Ownership Type: Limited Liability Corporation (LLC) Liquor License Special Event Liquor License
Partner(s): Jason Domanico

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 calls 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

Name: Rich Morales
Signature: 
Contact phone: (520)353-5087

Title: Lieutenant
Date: 08/21/19
Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

August 20, 2019

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: Arlene Linda Domanico Address: 3052 N. Fort Grant Road
 Business Name: Salvatore Vineyards City/Zip: Willcox 85643
 Liquor License #: Job #70540 Parcel #: 202-24-005D
 Ownership Type: Limited Liability Corporation (LLC) Liquor License Special Event Liquor License
 Partner(s): Jason Domanico

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 N Zoning: GB (General Business)
 Use permitted by P&Z? Y N Permit#: 055130
 Date Permit Issued: 10/5/05 Use Permitted: Winery
 If use not permitted, is it LNC? Y N 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: August 16, 2019
 Contact phone: 520.803-3960 Email: damaya@cochise.az.gov

Return completed form with any attachments by: August 20, 2019

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APPLICANT INFORMATION

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Business Name: Salvatore Vineyards City/Zip: 85643
Liquor License #: Job #70540 Parcel #: 202-24-005D
Ownership Type: Limited Liability Corporation (LLC) Liquor License Special Event Liquor License
Partner(s): Jason Domanico

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: 8/7/2019
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

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Liquor License #: Job # 70540 Parcel #: 202-24-005D
Ownership Type: Limited Liability Company (LLC) Liquor License Special Event Liquor License
Partner(s): Jason Domanico

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: 8/6/19
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: August 20, 2019