

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Barbara Lorraine Coons Address: 274 E. Pearce Rd.
Business Name: Four Tails Inn City/Zip: Pearce 85625
Liquor License #: 13023037 Parcel #: 122-01-010
Ownership Type: 100% Permanent Extension of Premises Special Event Liquor License
Partner(s): None

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 for service 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: 01/22/2020

Contact phone: (520)353-5087

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

January 24, 2020

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200
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For internal use only:

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

APPLICANT INFORMATION

Applicant Name:	<u>Barbara Lorraine Coons</u>	Address:	<u>274 E. Pearce Rd.</u>
Business Name:	<u>Four Tails LLC</u>	City/Zip:	<u>Pearce 85625</u>
Liquor License #:	<u>13023037</u>	Parcel #:	<u>122-01-010</u>
Ownership Type:	<u>n/a</u>	Permanent Extension of Premises	<input checked="" type="checkbox"/>
Partner(s):	<u>n/a</u>	Special Event Liquor License	<input type="checkbox"/>

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:

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:
Use permitted by P&Z?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:
Date Permit Issued:		Use Permitted:
If use not permitted, is it LNC?	Y <input type="checkbox"/> N <input checked="" 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>Daniel Coxworth</u>	Title: <u>Director</u>
Signature: <u>Daniel Coxworth</u>	Date: <u>01/24/2019</u>
Contact phone: <u>520.432-9268</u>	Email: <u>dcoxworth@cochise.az.gov</u>

Return completed form with any attachments by: January 24, 2020