

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: David James Smith Address: 2909 E Country Club Drive  
Business Name: Coronado Vineyards, Inc City/Zip: Willcox, AZ 85643  
Liquor License #: 13023009 Parcel #: 202-81-162C  
Ownership Type: Corporation Liquor License  Special Event Liquor License   
Partner(s): Doajo David Hicks, President / Director

## 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: EHS III  
Signature:  Date: 5/19/20  
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: \_\_\_\_\_

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**For internal use only:**

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

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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 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"/>
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**OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:**

Proper Zoning?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Zoning:	RU-2, MH-36, and SR-8
Use permitted by P&Z?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Permit#:	Exempt, No Permit Required
Date Permit Issued:	N/A	Use Permitted:	Ag Processing Services, On-Site
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: Dora V Amaya Title: Zoning Administrator  
 Signature: Dora V Amaya Date: June 3, 2020  
 Contact phone: 520.803.3988 Email: [damaya@cochise.az.gov](mailto:damaya@cochise.az.gov)

*Return completed form with any attachments by:* \_\_\_\_\_

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## 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 within the last 5-years to the above location.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

Disapproval

No Recommendation

Name: Rich Morales

Title: Lieutenant

Signature: 

Date: 05/21/2020

Contact phone: (520) 805-5672

Email: RDMorales@cochise.az.gov

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## 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: 05/19/2020  
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: \_\_\_\_\_

DP Ref.	ParcelNo	Acct #	Year	Status	Billed	Paid	Interest	Due	Owner
	<a href="#">20281162C4</a>		<a href="#">2019</a>	<a href="#">TAX</a>	<a href="#">5,855.64</a>	<a href="#">5,855.64</a>	<a href="#">0.00</a>	<a href="#">0.00</a>	<a href="#">TWO VINES VINEYARD I</a>
					5,855.64	5,855.64	0.00	0.00	