

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert C. Carlson III Address: 4574 E. Robbs Rd
Business Name: Carlson Creek Vinyard, LLC City/Zip: Willcox, 85643
Liquor License #: 151476 Parcel #: 305-32-068G
Ownership Type: LLC Liquor License
Robert C Carlson, Jr /Elizabeth T Carlson,
Partner(s): Katherine E Carlson/ John P. Carlson
Robert C. Carlson III

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 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 Title: Lieutenant

Signature:  Date: 06/14/2021

Contact phone: (520) 805-5672 Email: RDMorales@cochise.az.gov

Return completed form with any attachments by: 6/17/2021

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For internal use only:

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

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Liquor License #: 151476 Parcel #: 305-32-068G
Ownership Type: LLC
Robert C Carlson, Jr /Elizabeth T Carlson Liquor License Special Event Liquor License
Katherine E Carlson/ John P. Carlson
Partner(s): Robert C. Carlson III

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: RU-4
Use permitted by P&Z? Y N 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 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: June 9, 2021
Contact phone: 520-803-3988 Email: damaya@cochise.az.gov

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APPLICANT INFORMATION

Applicant Name: Robert C. Carlson III Address: 4574 E. Robbs Rd
Business Name: Carlson Creek Vineyard, LLC City/Zip: Willcox, 85643
Liquor License #: 151476 Parcel #: 305-32-068G
Ownership Type: LLC Liquor License Special Event Liquor License
Robert C Carlson, Jr /Elizabeth T Carlson,
Katherine E Carlson/ John P. Carlson
Partner(s): Robert C. Carlson III

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: *Michael McGee* Date: 6/11/21
Contact phone: 520-586-8206 Email: mmcgee@cochise.az.gov

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Robert C. Carlson III

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: 06/11/2021
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by: 6/17/2021

[Add To List](#) |
 Full Year ▼ |
 Interest Date:
 As of Date:
 |
 [Payment](#) |
 [Bidd](#)

PP Ref.	ParcelNo	Acct #	Year	Status	Billed	Paid	Interest	Due	Owner
	30532068G9		2020	TAX	2,108.62	2,108.62	0.00	0.00	CARLSON CREEK VINEYA
					2,108.62	2,108.62	0.00	0.00	