

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Kim Kenneth Kwiatkowski Address: 3731 S Highway 92
Business Name: Circle K Store #9540 City/Zip: Sierra Vista AZ 85635
Liquor License #: 09020024 / 158421 Parcel #: 107-56-477B
Ownership Type: Corporation Liquor License Special Event Liquor License
Partner(s): Circle K Stores Inc

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: 10/20/2021

Contact phone: (520)805-5672

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by: _____

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Business Name:	<u>Circle K Store #9540</u>	City/Zip:	<u>Sierra Vista AZ 85635</u>
Liquor License #:	<u>09020024 / 158421</u>	Parcel #:	<u>107-56-477B</u>
Ownership Type:	<u>Corporation</u>	Liquor License <input checked="" type="checkbox"/>	Special Event Liquor License <input type="checkbox"/>
Partner(s):	<u>Circle K Stores Inc</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 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 <input checked="" type="checkbox"/> N <input type="checkbox"/>	Zoning:	GB – General Business
Use permitted by P&Z?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:	CP20-00001200
Date Permit Issued:	<u>7/1/21</u>	Use Permitted:	Gas Station/Convenience Store
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:	<u>Dora V Amaya</u>	Title:	<u>Zoning Administrator</u>
Signature:	<u>Dora V Amaya</u>	Date:	<u>October 25, 2021</u>
Contact phone:	<u>520-803-3966</u>	Email:	<u>damaya@cochise.az.gov</u>

Return completed form with any attachments by: 11/02/2021

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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: 10/20/2021
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

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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: Natalie Johnson RS Title: Director Environmental Health
Signature:  Date: 10/20/2021
Contact phone: 520-586-8208 Email: njohnson@cochise.az.gov

Return completed form with any attachments by: 11/02/2021