

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Robert Clark Hamilton Address: 1101 E Irene Street
Business Name: Spa Vino City/Zip: Pearce, AZ 85625
Liquor License #: 181171 Parcel #: 114-18-073C
Ownership Type: Private Liquor License Special Event Liquor License
Partner(s): n/a

TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

Yes No

If not, please attach pertinent documentation.

Comments:

Name:

Myra Fitzhugh

Title:

Account Clerk

Signature:

Myra Fitzhugh

Date:

2/25/2022

Contact phone:

520-432-8406

Email:

mfitzhugh@cochise.az.gov

Return completed form with any attachments by:

March 9, 2022

COCHISE COUNTY BOARD OF SUPERVISORS



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APPLICANT INFORMATION

Applicant Name: Robert Clark Hamilton Address: 1101 E Irene Street
Business Name: Spa Vino City/Zip: Pearce, AZ 85625
Liquor License #: 181171 Parcel #: 108-22-977
Ownership Type: Private Liquor License Special Event Liquor License
Partner(s): n/a

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: 02/17/2022

Contact phone: (520) 805-5672

Email: RDMorales@cochise.az.gov

Return completed form with any attachments by:

March 2, 2022

COCHISE COUNTY BOARD OF SUPERVISORS



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For internal use only:

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

APPLICANT INFORMATION

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Business Name: Spa Vino City/Zip: Pearce, AZ 85625

Liquor License #: 181171 Parcel #: 114-18-073C

Ownership Type: Private Liquor License Special Event Liquor License

Partner(s): n/a

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 N Zoning: GB – General Business

Use permitted by P&Z? Y N Permit#: PENDING SUBMITTAL

Date Permit Issued: PENDING SUBMITTAL Use Permitted: PEDNING SUBMITALL

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: 2/23/22

Contact phone: 520-803-3966 Email: damaya@cochise.az.gov

Return completed form with any attachments by: March 2, 2022

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Partner(s): n/a

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

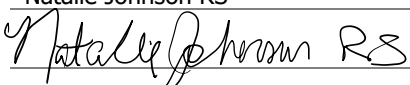
We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

Environmental Health Department will make contact with owner regarding minimum requirements for tasting room.

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.
- The Health Department has no concerns with the liquor license request.

Name: Natalie Johnson RS Title: Director Environmental Health
Signature:  Date: 02/24/2022
Contact phone: 520-586-8208 Email: njohnson@cochise.az.gov

Return completed form with any attachments by: March 2, 2022