

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: William John Sanders Address: 5557 Calle Alamo
Business Name: Desert Blossom Winery City/Zip: Sierra Vista, AZ 85650
Liquor License #: 184913 Parcel #: 107-15-026C
Ownership Type: Individual Liquor License Special Event Liquor License
Partner(s): _____

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

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

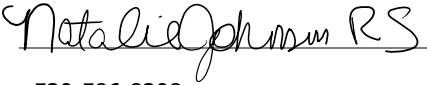
Please provide any pertinent information for the Board's consideration:

Adding a wine tasting room to existing septic, EH will need to verify that existing septic is adequately sized to handle addition use. Plan review for tasting room needed prior to construction. Tasting room falls under Food Program, application and plan review submittal packet is needed.

Comments have been noted in Citizen Serve Database for Special Use Permit submitted to Development Services on 4/16/2022 by applicant.

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: 04/18/2022
Contact phone: 520-586-8208 Email: njohnson@cochise.az.gov

Return completed form with any attachments by: 4/28/2022

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

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

APPLICANT INFORMATION

Applicant Name: William John Sanders Address: 5557 Calle Alamo
 Business Name: Desert Blossom Winery City/Zip: Sierra Vista, AZ 85650
 Liquor License #: 184913 Parcel #: 107-15-026C
 Ownership Type: Individual Liquor License Special Event Liquor License
 Partner(s): _____

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"/>
---	---	---

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y N Zoning: RU-4
 Use permitted by P&Z? Y N Permit#: Special Use Authorization Required
 Date Permit Issued: Permit Required Use Permitted: None
 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: April 14, 2022
 Contact phone: 520-803-3966 Email: damaya@cochise.az.gov

Return completed form with any attachments by: 4/28/2022

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: William John Sanders Address: 5557 Calle Alamo
Business Name: Desert Blossom Winery City/Zip: Sierra Vista, AZ 85650
Liquor License #: 184913 Parcel #: 107-15-026C
Ownership Type: Individual Liquor License Special Event Liquor License
Partner(s): _____

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 <input type="checkbox"/>	Disapproval <input type="checkbox"/>	No Recommendation <input checked="" type="checkbox"/>
---	-----------------------------------	--------------------------------------	---

Name: Rich Morales Title: Lieutenant
Signature:  Date: 04/21/2022
Contact phone: (520)432-9551 Email: RDMorales@cochise.az.gov

Return completed form with any attachments by: 4/28/2022

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: William John Sanders Address: 5557 Calle Alamo
Business Name: Desert Blossom Winery City/Zip: Sierra Vista, AZ 85650
Liquor License #: 184913 Parcel #: 107-15-026C
Ownership Type: Individual Liquor License Special Event Liquor License
Partner(s): _____

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 II
Signature: *Myra Fitzhugh* Date: 04/12/2022
Contact phone: 520-432-8406 Email: MFITZHUGH@COCHISE.AZ.GOV

Return completed form with any attachments by: 04/28/2022