

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Kevin Kramber Address: 536 E. Wagon Bluff Drive, Tucson
Business Name: The Twisted Spoke City/Zip: Naco, 85620
Liquor License #: _____ Parcel #: 102-55-002
Ownership Type: _____ Liquor License Special Event Liquor License
Partner(s): Joseph Lewis

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:

This location has not been licensed as a food establishment since 2018 when it was closed. The establishment kitchen and bar are not to current food code. Environmental Health requires a complete plan review submittal prior to any issuing of licensing. Applicant has not applied for any licensing with Cochise County Environmental Health.

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: Division Director Environmental Health
Signature:  Date: 05/03/2023
Contact phone: 520-586-8208 Email: njohnson@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

APPLICANT INFORMATION

Applicant Name: Kevin Kramber Address: 536 E Bluff Drive, Tucson, AZ
Business Name: The Twisted Spoke City/Zip: Naco, 85620
Liquor License #: _____ Parcel #: 102-55-002
Ownership Type: _____ Liquor License Special Event Liquor License
Partner(s): Joseph Lewis

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: The 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: R-36
Use permitted by P&Z? Y N Permit#: N/A
Date Permit Issued: N/A Use Permitted: Country Club
If use not permitted, is it LNC? Y N Year LNC Established: 1936

- 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: May 10, 2023
Contact phone: 520.803.3966 Email: damaya@cochise.az.gov

Return completed form with any attachments by: May 16, 2023

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APPLICANT INFORMATION

Applicant Name: Kevin Bramer Address: 536 E. Wagon Bluff Dr., Tucson
Business Name: The Twisted Spoke City/Zip: Naco, AZ 85620
Liquor License #: _____ Parcel #: 102-55-002
Ownership Type: _____ Liquor License Special Event Liquor License
Partner(s): Joseph Lewis

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:

No significant events in the last five years. Unknown if property taxes are current.

Name: Joseph Gilbert #0614 Title: Sergeant
Signature: /s/jgilbert #0614 Date: 05-04-23
Contact phone: 5203535639 Email: jgilbert@cochise.az.gov

Return completed form with any attachments by: _____

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Ownership Type: _____ Liquor License Special Event Liquor License
Partner(s): Joseph Lewis

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:

Paid in Full.

Name: MYRA FITZHUGH Title: ACCOUNTING TECHNICIAN
Signature: *Myra Fitzhugh* Date: 05/03/2023
Contact phone: 520-432-8418 Email: MFITZHUGH@COCHISE.AZ.GOV

Return completed form with any attachments by: _____