

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Jack Harold Cullum Address: 1036 E. Eastland Road
Business Name: Cullums Country Cupboard, LLC City/Zip: Pearce, AZ 85625
Liquor License #: _____ Parcel #: 114-12-004 C
Ownership Type: _____ 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:
Retail Store has a current license with EH.

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: 06/13/2023
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

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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

Disapproval



OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y N

Use permitted by P&Z? Y N

Date Permit Issued: N/A

If use not permitted, is it LNC? Y N

Zoning: GB – General Business

Permit#: N/A

Use Permitted: Retail Store and Restaurant

Year LNC Established: 1963

- 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 15, 2023

Contact phone: 520.803.3966 Email: damaya@cochise.az.gov

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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: There has been six (6) calls for service at this address, starting in 2018. Of those six(6), three (3) were alarm calls. The other calls were for animal problems and a medical episode. No calls alleging acts of violence at this address.

NFI

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

Disapproval

No Recommendation

Name: Joseph Gilbert #0614 Title: Sergeant
Signature: /s/jgilbert #0614 Date: 06-13-2023
Contact phone: 520-353-5639 Email: jgilbert@cochise.az.gov

Return completed form with any attachments by: _____

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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:

This parcel paid in full.

Name: MYRA FITZHUGH Title: ACCOUNTING TECHNICIAN
Signature: *Myra Fitzhugh* Date: 06/13/2023
Contact phone: 520-432-8418 Email: MFITZHUGH@COCHISE.AZ.GOV

Return completed form with any attachments by: _____