

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: Barbara Coons Address: 11878 S. Elkhorn Road
Business Name: Four Tails, LLC City/Zip: Pearce, AZ 85625
Liquor License #: 13023037 Parcel #: 114-01-092D
Ownership Type: _____ 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: N/A – This application is exempt from the 300-foot rule.

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 Zoning: RU-4
Use permitted by P&Z? Y N Permit#: Exempt, No Permit Required
Date Permit Issued: N/A Use Permitted: AG EXEMPT
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: August 28, 2023
Contact phone: 520.803.3966 Email: damaya@cochise.az.gov

Return completed form with any attachments by: _____

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APPLICANT INFORMATION

Applicant Name: Barbara Coons Address: 14623 E. Shadow Canyon Dr
Business Name: Four Tails, LLC City/Zip: Fountain Hills, AZ 85268
Liquor License #: 13023037 Parcel #: 114-01-092D
Ownership Type: _____ 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: No significant events in the last five (5) years.

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: 08-14-2023
Contact phone: 520-353-5639 Email: jgilbert@cochise.az.gov