

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Alexander C. King Address: 10350 E. Sunrise Drive
Business Name: Cactus Cru City/Zip: Pearce, AZ 85625
Liquor License #: _____ Parcel #: 401-85-001K
Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): _____

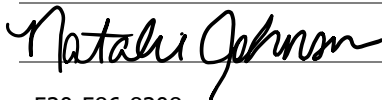
TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

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

Please provide any pertinent information for the Board's consideration:
Environmental Health contacted the applicant and there will be no processing taking place, production, or wine tasting taking place at this time. No concerns at this time.

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: 12/01/2023
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: 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

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: RU-4

Permit#: Exempt, No Permit Required

Use Permitted: Ag Processing Services, On-Site

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: December 6, 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: 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: 12-01-2023
Contact phone: 520-353-5639 Email: jgilbert@cochise.az.gov

Return completed form with any attachments by: _____

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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: 11/28/2023
Contact phone: 520-432-8418 Email: MFITZHUGH@COCHISE.AZ.GOV

Return completed form with any attachments by: _____