

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Arthur Miller Address: 6533 N. Fort Grant Road  
Business Name: Winchester Mercantile City/Zip: Willcox, 85643  
Liquor License #: \_\_\_\_\_ Parcel #: 202-06-011A  
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:

Has a current license with 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: *Natalie Johnson* Date: 02/16/2024  
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**

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 Liquor License #: \_\_\_\_\_ Parcel #: 202-06-011A  
 Ownership Type: LLC 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"/>
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**OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:**

Proper Zoning?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Zoning:	GB – General Business
Use permitted by P&Z?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Permit#:	N/A
Date Permit Issued:	N/A	Use Permitted:	Convenience Store
If use not permitted, is it LNC?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Year LNC Established:	1970

- 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: 2/21/24  
 Contact phone: 520.803.3966 Email: [damaya@cochise.az.gov](mailto:damaya@cochise.az.gov)

*Return completed form with any attachments by:* February 23, 2024

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## APPLICANT INFORMATION

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Business Name: Winchester Mercantile, LLC City/Zip: Willcox, AZ 85643  
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Ownership Type: LLC 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@cochise.az.gov](mailto:/s/jgilbert@cochise.az.gov)

Date: 02-19-2024

Contact phone: 520-353-5639

Email: [jgilbert@cochise.az.gov](mailto:jgilbert@cochise.az.gov)

Return completed form with any attachments by: \_\_\_\_\_

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## APPLICANT INFORMATION

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Ownership Type: LLC 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:

2023 TAXES PAID IN FULL.

Name: MYRA FITZHUGH Title: ACCOUNTING TECHNICIAN  
Signature: *Myra Fitzhugh* Date: 02/15/2024  
Contact phone: 520-432-8418 Email: MFITZHUGH@COCHISE.AZ.GOV

Return completed form with any attachments by: \_\_\_\_\_