

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Michelle Minta Address: 6345 S. Rhumb Line Way
Business Name: Olive's Vineyard café City/Zip: Willcox, AZ 85643
Liquor License #: _____ Parcel #: 305-32-065G
Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): Todd James Myers

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:

Olive's vineyard has completed the permit process 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:  Date: 03/15/2024
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

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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 Zoning: RU-4
Use permitted by P&Z? Y N Permit#: AE22-000001
Date Permit Issued: 6/30/2022 Use Permitted: Ag Exemption, Processing Facility
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: March 7, 2024
Contact phone: 520.806.3966 Email: damaya@cochise.az.gov

Return completed form with any attachments by: March 15, 2024.

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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: 03-24-24

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:

1ST HALF TAXES OWED ON THIS PARCEL.

Name: MYRA FITZHUGH Title: ACCOUNTING TECHNICIAN
Signature: *Myra Fitzhugh* Date: 03/04/2024
Contact phone: 520-432-8418 Email: MFITZHUGH@COCHISE.AZ.GOV

Return completed form with any attachments by: _____



Cochise County Treasurer

Tax Statement

PARCEL: 30532065G0
MYERS TODD J & MINTA MICHELLE L
6255 S BENNETT PL
WILLCOX, AZ 85643

Legal Description:
PARCEL A R/S BK38 PG25 AKA A POR OF SWNE SEC 17-15-26 20.09AC

Year	Cert #	Status	Cert Date	Pur Date	Billed	Paid	Int/Fee	Due
2023		TAX			4,439.34	.00	147.98	4,587.32
				1st Half	2,219.67	.00	147.98	2,367.65
				2nd Half	2,219.67	.00	.00	2,219.67
Parcel Total								4,587.32

Make remittance payable to: Cochise County Treasurer
PO Box 1778
Bisbee, AZ 85603
<http://www.cochise.az.gov/treasurer>

Please return this statement with your remittance.

Contact Info: (520) 432-8400 - (520) 432-8400 - trsweb@cochise.az.gov

If paid by last day of March 2024	Statement Total	4,587.32
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CERTIFIED PAYMENTS - PRINT RECEIPT

This is a receipt for your payment. Please print this webpage and keep a copy for your records.

1 Pending Transaction

PAYMENT DETAILS

Invoice Item	Amount	Conv. Fee	Result
Parcel Number: 30532065G0 Description: 2023 First Half Only Payment ID: 100295233631	2397.24	1.00	PENDING
Total Amount Charged:	2398.24		

BILLING INFORMATION

Todd Myers
6255 South Bennett Place
Willcox, AZ, US 85643
602-525-8544
myersfamily@icloud.com
PNC BANK, INDIANA Checking account ending in ...6544

Processed at 04/08/2024 11:26:06 AM CDT

1-866-539-2020