

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Kevin Arnold Kramber Address: 4273 S Highway 92
Business Name: Cactus Spirits & Fine Tobacco City/Zip: Sierra Vista 85650
Liquor License #: 09020049 Parcel #: 107-66-070A
Ownership Type: 09 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:

EH has 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: 04/15/2025
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

Applicant Name: Kevin Arnold Kramber Address: 4273 S Highway 92
 Business Name: Cactus Spirits & Fine Tobacco City/Zip: Sierra Vista 85650
 Liquor License #: 09020049 Parcel #: 107-66-070A
 Ownership Type: 09
 Partner(s): _____ Liquor License Special Event Liquor License

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 <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 checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:	HCP-985106
Date Permit Issued:	11/30/98	Use Permitted:	Walk In/Drive Thru Beverage Store
If use not permitted, is it LNC?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	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: April 15, 2025
 Contact phone: 520.803.3966 Email: damaya@cochise.az.gov

Return completed form with any attachments by: 4/21/25

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Ownership Type: 09 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: 04-16-2025

Contact phone: 520-353-5639

Email: jgilbert@cochise.az.gov

Return completed form with any attachments by: _____

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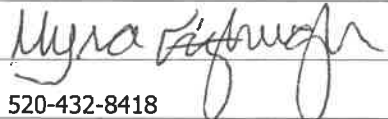
TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

Yes No

If not, please attach pertinent documentation.

Comments:

Name: MYRA FITZHUGH Title: ACCOUNTING TECHNICIAN
Signature:  Date: 04/14/2025
Contact phone: 520-432-8418 Email: MFITZHUGH@COCHISE.AZ.GOV

Return completed form with any attachments by: _____



Cochise County Treasurer Tax Statement

PARCEL: 10766070A5
ANAND LLC
4902 S EQUESTRIAN AVE
SIERRA VISTA, AZ 85650

Legal Description:
SIERRA VISTA EST LOT 69 EXC THE E50' OF THE S90' THEREOF

Year	Cert #	Status	Cert Date	Pur Date	Billed	Paid	Int/Fee	Due
2024		TAX			8,888.88	4,444.44	.00	4,444.44
				1st Half	4,444.44	4,444.44	.00	.00
				2nd Half	4,444.44	.00	.00	4,444.44
Parcel Total								4,444.44

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 April 2025	Statement Total	4,444.44
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