

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Timothy Mayor Geis Address: 10350 E Sunrise Dr  
Business Name: Cactus Cru LLC City/Zip: Pearce 85625  
Liquor License #: 013020027247 Parcel #: 401-85-007Q  
Ownership Type: 013 Farm Winery Liquor License  Special Event Liquor License   
Partner(s): \_\_\_\_\_

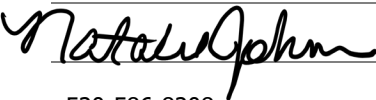
## TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

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

Please provide any pertinent information for the Board's consideration:  
Environmental Health has no concerns

## 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: 7/28/2025  
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

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Ownership Type: 013 Farm Winery  
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

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#: N/A

Use Permitted: AG Exempt - Viticulture

Year LNC Established: N/A

The Planning Department has notified 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: July 31, 2025

Contact phone: 520.803.3966

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

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

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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 <input checked="" type="checkbox"/>	Disapproval <input type="checkbox"/>	No Recommendation <input type="checkbox"/>
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Name: Joseph Gilbert #0614 Title: Sergeant  
Signature: /s/jgilbert #0614 Date: 07-27-2025  
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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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:

Name: Julie Anglin Title: Account clerk II  
Signature: Julie Anglin Date: 7-25-25  
Contact phone: 520-432-8416 Email: j.anglin@cochiseaz.gov

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