

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Salvador Castorena Perez Address: 1100 South Arizona Highway 92 #1
Business Name: Street Tacos & Hotdogs Guadalajara City/Zip: Sierra Vista 85635
Liquor License #: 354737 Parcel #: 105-05-069
Ownership Type: 012 Restaurant 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:

Establishment has an active license with Environmental Health Department. No remodeling planned 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: Sasha Moreno Title: Environmental Health Specialist
Signature: Sasha Moreno Date: 08/08/2025
Contact phone: 520-803-3920 Email: ssmoreno@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: 012 Restaurant
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: Proposed area not within 300 horizontal feet of a 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: 01/25/2013

If use not permitted, is it LNC? Y N

Zoning: NB-Neighborhood Business

Permit#: CP13-00000022

Use Permitted: Restaurant Tenant Improvements

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: 08/11/2025

Contact phone: 520.803.3966

Email: damaya@cochise.az.gov

Return completed form with any attachments by: _____

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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: 08-10-2025
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:

Julie Anglin

Title:

Account Clerk II

Signature:

Julie Anglin
520.432.8416

Date:

8.1.25

Contact phone:

Email:

j.anglin@cochise.az.gov

Return completed form with any attachments by: _____