

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

For internal use only:

- Restaurant/Hotel-Motel
- Club/Government
- Transfer of Premises

APPLICANT INFORMATION

Applicant Name: John Mike McLoughlin Address: 8401 Bell Ranch Road
Business Name: Arizona Wineries LLC City/Zip: Willcox 85643
Liquor License #: 355270 Parcel #: 305-43-009A
Ownership Type: 018 Craft Distiller
Partner(s): _____ Liquor License Special Event Liquor License

TO BE COMPLETED BY THE DEVELOPMENT SERVICES DEPARTMENT

Please advise if, at the time the application was filed:

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 Development Services 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 N Zoning: RU-4
Use permitted by DS? Y N Permit#: 085137
Date Permit Issued: 11/20/08 Use Permitted: Winery
If use not permitted, is it LNC? Y N Year LNC Established: N/A

- The Development Services 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 Development Services Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Development Services Department is currently working with the property owner on several zoning-related issues with the subject property.
- The Development Services 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: September 16, 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 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 Department has made contact with the applicant regarding septic system inquiry. May not be a health-related issue. Waiting on response back.

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: 09/17/2025
Contact phone: 520-559-7730 Email: ssmoreno@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



Disapproval



No Recommendation



Name: Joseph Gilbert #0614 Title: Sergeant

Signature: /s/jgilbert #0614 Date: 09-17-2025

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
Signature: Julie Anglin
Contact phone: 520-432-8416

Title: Account Clerk II
Date: 9-16-25
Email: janglin@cochise.az.gov

Return completed form with any attachments by: _____