

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 S Bell Ranch Rd
Business Name: Arizona Wineries LLC City/Zip: Willcox 85643
Liquor License #: 364925 Parcel #: 305-43-009A
Ownership Type: 013 Farm Winery
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 this license application 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. Additionally, if a church operates a school on its premises, the same 300-foot distance restriction applies. If so, please attach pertinent documentation and drawings or maps.

Comments: Proposed area not within three hundred horizontal feet of a public, private school, or school operated by a church building with kindergarten programs or any of grades one through twelve or within three hundred horizontal feet of a fenced recreational area adjacent to such school building.

Based on the above information, the Development Services 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 DS? Y N Permit#: HCP-08-5137
Date Permit Issued: 11/20/2008 Use Permitted: Winery Storage
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: Sharon Larsala Title: Planner I
Signature: Sharon Larsala Date: 12/1/2025
Contact phone: 520.432.9255 Email: Slarsala@cochise.az.gov

Return completed form with any attachments by: _____

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APPLICANT INFORMATION

Applicant Name: John Mike McLoughlin Address: 8401 S Bell Ranch Road
Business Name: Arizona Wineries LLC City/Zip: Willcox 85643
Liquor License #: 355270 Parcel #: 305-43-009A
Ownership Type: 013 Farm Wineries 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:

Health department has no concerns with the project as proposed, however if the owner adds a tasting room or other commercial purpose that adds additional flow to the existing septic system, the health department should be notified by the owner.

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: Danny Nikitas Title: Director – Environmental Health Division
Signature:  Date: 11/4/2025
Contact phone: 520-586-8208 Email: dnikitas@cochise.az.gov

Return completed form with any attachments by: _____

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Ownership Type: 013 Farm Winery 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
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name: Joseph Gilbert #0614 Title: Sergeant

Signature: /s/jgilbert #0614 Date: 11-06-2025

Contact phone: 520-353-5639 Email: jjgilbert@cochise.az.gov

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Ownership Type: 013 Farm Wineries Liquor License Special Event Liquor License
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: 1st half was due 11-3-25

1st half paid 11-21-25
July 12-1-25

Name: Julie Anglin Title: Account. clerk II
Signature: Julie Anglin Date: 11-4-25
Contact phone: 520-432-8416 Email: janglin@cochise.az.gov.

Return completed form with any attachments by: _____