

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: CRUZ D DURAZO DE CORONADO Address: 4907 S HWY 92
Business Name: TANQUERIA 92 City/Zip: SIERRA VISTA 85650
Liquor License #: JOB #407818 Parcel #: 107-68-001S
Ownership Type: 012 RESTAURANT
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.

Proposed area not within 300 horizontal feet of a church, public or private school, or
Comments: 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



Disapproval



OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y ☒ N ☐

Use permitted by DS? Y ☒ N ☐

Date Permit Issued: 2020

If use not permitted, is it LNC? Y ☐ N ☒

Zoning: General Business

Permit#: CP20-00000884

Use Permitted: Resturant

Year LNC Established: _____

☒ 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

Signature: Sharon Larsala

Contact phone: 520.432.9255

Title: Planner I

Date: 9/14/2026

Email: Slsarsala@cochise.az.gov

Return completed form with any attachments by: _____

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APPLICANT INFORMATION

Applicant Name: CRUZ D DURAZO DE CORONADO Address: 4907 S HWY 92
Business Name: TAQUERIA 92 City/Zip: SIERRA VISTA 85650
Liquor License #: JOB 407818 Parcel #: 107-68-001S
Ownership Type: SERIES 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:

The applicant has been notified that a plan review submittal is required to obtain an operating license with Cochise County Environmental Health.

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 of Environmental Health
Signature:  Date: 9.10.2026
Contact phone: 520-586-8208 Email: dnikitas@cochise.az.gov

Return completed form with any attachments by: _____

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APPLICANT INFORMATION

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Business Name: TAQUERIA 92 City/Zip: SIERRA VISTA 85650
Liquor License #: JOB #407818 Parcel #: 107-68-001S
Ownership Type: SERIES 012 RESTAURANT 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 Incidents within 5 years

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

☐

Disapproval

☐

No Recommendation

☒

Name: Lt. Sean Gijanto
Signature: Sean Gijanto Digitally signed by Sean Gijanto
Date: 2026.09.09 14:48:49 -07'00'
Contact phone: 520-353-5625

Title: _____
Date: _____
Email: sgijanto@cochise.az.gov

Return completed form with any attachments by: _____

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APPLICANT INFORMATION

Applicant Name: CRUZ D DURAZO DE CORONADO Address: 4907 S HWY 92
Business Name: TAQUERIA 92 City/Zip: SIERRA VISTA 85650
Liquor License #: JOB 407818 Parcel #: 107-68-001S
Ownership Type: SERIES 012 RESTAURANT 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:

2025 PROPERTY TAXES ARE CURRENT.

Name: SUHEIL ALTUZAR Title: ACCOUNT CLERK II
Signature:  Date: 09/10/2026
Contact phone: (520) 432-8417 Email: SALTUZAR@COCHISE.AZ.GOV

Return completed form with any attachments by: _____