

RETURN TO:

ARIZONA STATE LAND DEPARTMENT
PUBLIC COUNTER
1616 WEST ADAMS
PHOENIX, ARIZONA 85007

DEPARTMENTAL USE ONLY		ROLODEX # _____	
ACCOUNTING	T&C	RECOMMENDATION/INITIAL	DATE
Filing Fees:	Exam: _____	Approve _____	_____
New/Renew: \$1,000.00	Exam #: _____	Deny _____	_____
Long Term: \$2,000.00	Int Title: _____	Reject _____	_____
N(34) R(35)	App Entry: _____	Withdraw _____	_____

SUBMIT NON-REFUNDABLE FILING FEE:

New & Renew (less than 10 yrs.): \$1,000
Long Term: \$2,000

COMMERCIAL LEASE APPLICATION

Type or print in ink.

APPLICATION NO. 03-_____

COMPLETE ALL QUESTIONS, SIGN AND SUBMIT APPLICATION WITH NON-REFUNDABLE FILING FEE.

1. APPLICANTS:

Cochise County Emergency Services
Name(s)

1415 Melody Lane, Bldg G
Mailing Address

Bisbee AZ 85603
City State Zip

Mike Evans (520) 324-9220
Contact Person Phone No.

mevans@cochise.az.gov
Email Address (optional)

2. TYPE OF APPLICATION:

- NEW
(NOTE: Leases in excess of 10 years must go to public auction)
- NEW (ADDITIONAL ACREAGE TO EXISTING LEASE # _____ ()
- RENEWAL

NOTE: All applicants must complete entire application.

3. TERM:

A. How many years are you requesting this lease for? 10 years
(If proposed term is longer than 10 years, an Application Addendum must be completed, signed and attached)

B. If term is more than 10 years, is Application Addendum attached? Yes ___ No ___
If no, your application will be rejected.

4. LEGAL DESCRIPTION: Complete legal description below and/or attach Survey if available. Attach MAP on 8 1/2" x 11" paper sufficiently detailed to locate boundaries described.

TWN.	RNG.	SEC.	LEGAL DESCRIPTION	ACRES	COUNTY	SLD USE ONLY		
						CTY	GRT	PARCEL
<u>14-S</u>	<u>27-E</u>	<u>16</u>	<u>SE, SE OF THE NE 1/4</u>	<u>0.132</u>	<u>Cochise</u>	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

PURPOSE AND/OR NATURE OF BUSINESS:

A. Give full description of the nature of the business or businesses that you propose to operate on the land being applied for. (NOTE: THE LEASE PERMITS ONLY THAT USE OF THE LAND EXPRESSLY STATED IN THE CONTRACT AND CANNOT BE CHANGED WITHOUT PRIOR WRITTEN APPROVAL FROM THE DEPARTMENT.)

TO ADD AN ADDITIONAL COMMUNICATIONS TOWER AND RELATED EQUIPMENT IN A 12' x 24' PREFAB BUILDING

B. List other activities that may be associated with this lease (i.e., concessions or other sale of goods and services).

NONE OTHER THAN TELECOMMUNICATIONS

ZONING: Is the correct zoning of this parcel compatible with your proposed use? Yes No

ACCESS: (NOTE: The lease does not grant legal access)

Do you have legal access to the proposed leased land? Yes No If yes, state your legal access route:

ACCESS ROAD CROSSES BLM LAND

(If no, you will need to apply for a right-of way to access the lease across adjoining State Trust Land)

OTHER LAND OWNED OR LEASED:

A. Do you own or control other land which will be used in connection with the land being applied for? Yes No

If yes, name of owner or lessor is: _____

B. Do you own or control improvements on adjacent land. Yes No If yes, list improvements: _____

C. Attach copy or list the legal description of the property owned or leased with respect to the land being applied for: SE, SE OF THE NE 1/4 SEC 16, TOWN 14 SOUTH,

RGE 27 EAST 50' x 115' (0.132 ACRE)

EXPERIENCE:

(Describe your experience in the nature of business you are proposing) Operating the

Cochise County Public Safety Communications network

PLAN OF OPERATION:

Provide detailed pro-forma financial statements on both the anticipated actual income during the first five years, as well as a stabilized pro-forma financial statement for the property as developed and operating. (Give description of the Plan of Operation on Attachment A, PART I)

11. IMPROVEMENTS:

A. Are there any existing improvements on the lands being applied for? Yes X No ___ If yes, give a complete description of each improvement, its present condition, value and ownership on Attachment A, PART II.

B. Are any improvements or changes in existing improvements to be constructed or installed on the leased land? Yes X No ___

If yes, complete Attachment A, PART III.

NOTE: Approval of this application does not constitute approval of the improvements. An application to place improvements must be submitted to the Department after a lease is obtained and PRIOR to construction of the improvement(s).

Pursuant to A.R.S. § 37-321, lessee is not entitled to reimbursement for improvements that have not been authorized by prior written approval from the Department.

12. FOR RENEWALS ONLY: List all sublessees N/A

NOTE: Pursuant to A.R.S. §37-281.E, no lessee shall sublease lands leased to him without prior written approval of the state land department. Approval is requested by application and new approval must be requested for subsequent renewal terms.

13. RENTAL:

What in your opinion would be a fair market rental for: (Justify your answer by completing Attachment A, PART IV)

A. The first year \$ 1200 B. Second year \$ 1200 C. Subsequent years \$ 1200

If it is determined that the annual rental will be a percentage of gross sales, what is your estimate of gross sales per year? \$ N/A

What percentage of gross sales would you be willing to pay? N/A

NOTE: If a lease is offered to the applicant, but not accepted without any reasonable cause, the applicant may be assessed the costs incurred by the State Land Department for appraisals and processing expenses.

14. FINANCING: (List your anticipated source of financing i.e., cash, financial institution, or other).

General fund - County budget

15. Is applicant represented by a Broker/Salesperson? No Yes If yes, completed BROKER REGISTRATION/BIDDER CERTIFICATION must be submitted herewith. Failure to submit completed Registration/Certification form simultaneously with the application, as evidenced by the Department's time and date stamp, shall result in an automatic indication that applicant is NOT represented by a broker.

16. WIRELESS COMMUNICATION SITE:

A. Provide site latitude and longitude NAD data set: _____

32° 13' 02.7" N 109° 35' 12.9" W NAD 83

B. List all co-locators by name, use, type of equipment and FCC license numbers:

N/A

C. Provide all FCC license numbers associated with your use: FRA#s: 0001591809,

D. Provide unlicensed operations including the band and frequency of use: N/A

E. Fully describe the type of signal you intend to broadcast and to whom: Public Safety and Law enforcement ~~two~~ two-way voice communications for officers, deputies, search-and-rescue, and other entities

F. Fully describe your equipment (ie: type, make, model, etc., include in description, information such as Yagi, STL dish, open grid dish, GPS locator, drum, etc.):

G. Provide a visual representation to match antennas up to lease pairs. Drawing or photos are acceptable as long as they show the type of equipment and where located on tower. Location should include transmit and receive equipment.

NOTE: Owner information will need to be clearly posted at point of egress or on structure or tower.

17. APPLICANT COMPLETE AND SIGN PAGE 5.

CERTIFICATION: Pursuant to A.R.S. Title 37 and the Rules of the Arizona State Land Department, A.A.C. Title 12, Chapter 5, you must complete the following information pertinent to you and/or the organization you represent and sign the certification or your application will not be processed. **NOTE: Applicant must complete item #1.**

1. Is this application made in the name of: (Applicant must check one) Individual(s) Husband & Wife
 Corporation Partnership Ltd. Partnership Estate Trust Ltd. Liability Co.
 Joint Venture Municipality Political Subdivision Other (specify) _____

2. INDIVIDUAL(S) OR HUSBAND & WIFE: Complete the following for each applicant:

NAME	AGE	MARITAL STATUS
_____	_____	_____
_____	_____	_____

3. CORPORATION: Complete the following:
 (A) Do you have authority from the Arizona Corporation Commission to do business in the State of Arizona? Yes ___ No ___
 (B) Is the corporation presently in good standing with the Arizona Corporation Commission? Yes ___ No ___
 (C) In what state are you incorporated? _____
 (D) Is the legal corporate name and Arizona business address the same as stated in this application? Yes ___ No ___
 If no, state the Legal Corporate Name: _____
 Address: _____
 _____ (Street or Box Number) _____ (City) _____ (State) _____ (Zip)

4. LIMITED LIABILITY COMPANY: Complete the following:
 (A) If an out-of-state limited liability company: Have you filed for a Certificate of Registration with the Arizona Corporation Commission?
 Yes ___ No ___
 (B) If an Arizona limited liability company: Have you filed Articles of Organization with the Arizona Corporation Commission?
 Yes ___ No ___
 (C) Are you authorized by the Arizona Corporation Commission to transact business in Arizona? Yes ___ No ___

5. PARTNERSHIP OR JOINT VENTURE: Complete the following for each authorized partner or principal in the partnership or joint venture:

NAME	BUSINESS ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

6. LIMITED PARTNERSHIP: Is this Limited Partnership on file with the Arizona Secretary of State? Yes ___ No ___
 Complete the following for the authorized general partner(s) only:

GENERAL PARTNER(S) NAME	BUSINESS ADDRESS
_____	_____
_____	_____

7. ESTATE: Complete the following and attach a copy of the court or estate document(s):
 Name of the court-appointed administrator or personal representative: _____
 List the type and date of issuance of the court or Estate document: _____

8. TRUST: (A) Complete the following pursuant to A.R.S. § 33-404, for each beneficiary of the Trust:

NAME	ADDRESS	AGE	MARITAL STATUS
_____	_____	_____	_____
_____	_____	_____	_____

or (B) Identify the Trust document by title, document number, and county where document is recorded: _____

9. HAVE YOU READ THE ENTIRE CONTENTS OF THE COMMERCIAL LEASE INSTRUCTIONS AND COMPLETED THE APPLICATION ACCORDINGLY? Yes No ___
10. I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN, TOGETHER WITH ALL EXHIBITS AND ATTACHMENTS ARE TRUE, CORRECT AND COMPLETE AND THAT I/WE HAVE AUTHORITY TO SIGN THIS DOCUMENT.

 (Name of Corporation, Partnership, etc.) Date Signature of Applicant (Individual) Date

 Signature Title Signature of Applicant (Individual) Date

ATTACHMENT A

PART I. Question 10, Plan of Operation:

Rural Pa

20
22

PART II. Question 11.A., Existing Improvements:

<u>DESCRIPTION</u>	<u>CONDITION</u>	<u>PRESENT VALUE</u>	<u>OWNERSHIP</u>
Tower 12x16 Prefab building	good	250,000	Cochise County

PART III. Question 11.B., Proposed Improvements:

<u>DESCRIPTION</u>	<u>CONDITION</u>	<u>PRESENT VALUE</u>	<u>OWNERSHIP</u>
N/A			

PART IV. Question 12, Explain your approach used to estimate fair market rental and list comparable and other supporting information used to arrive at the estimated fair market rental: (Please attach additional pages, if necessary)

This amount (\$1,200.00) is what Cochise County has paid in the past years for this lease with State Land.

ARIZONA STATE LAND DEPARTMENT ENVIRONMENTAL DISCLOSURE QUESTIONNAIRE
These two pages are part of the application - DO NOT DETACH.

The purpose of this questionnaire is to give the Department an opportunity to detect proposed land uses that may have potential environmental impacts and risks, and to consider these impacts and risks in the processing of the application.

If you have questions regarding this questionnaire, please contact the State Land Department, Environmental Section at (602) 542-2119. Other Federal, State, County and local agencies may also need to be contacted regarding environmental regulations.

PLEASE INDICATE BELOW THE TYPE(S) OF POTENTIAL ENVIRONMENTAL IMPACTS FROM YOUR CURRENT OR PROPOSED USE:

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>WASTE TIRES</u> The collection of waste tires? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>LEAD ACID BATTERIES</u> The sale and disposal of lead acid batteries? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DISCHARGE IMPACTING GROUNDWATER</u> Generating a discharge that may potentially impact groundwater? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>PESTICIDES?</u> If yes, explain use: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>DRY WELLS?</u> If yes, ADEQ Registration #(s): _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>POTABLE WATER (DRINKING WATER) SYSTEMS?</u> If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>WASTEWATER COLLECTION AND TREATMENT SYSTEMS</u> Wastewater collection and/or treatment? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>AIR CONTAMINANTS/AIR POLLUTION CONTROL</u> Air contaminant emissions? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SOLID WASTE - GENERAL</u> Solid waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SOLID WASTE - MEDICAL WASTE</u> Medical waste generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SOLID WASTE - SEWAGE SLUDGE/SEPTAGE</u> (Septic Tank Waste) Sewage sludge/septage generation, transportation, treatment, storage, use or disposal? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>USED OIL</u> Used oil generation, transportation, storage, recycling, use, disposal, marketing or burning? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>RECYCLING ACTIVITIES?</u> If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>SPECIAL WASTE</u> Special waste (asbestos, motor vehicle shredding waste) generation, transportation, treatment, recycling, storage or disposal? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE GENERATOR</u> Generating hazardous waste? If yes, explain: _____	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE TREATMENT, STORAGE, OR DISPOSAL?</u> If yes, explain: _____	_____

(OVER)

<u>YES</u>	<u>NO</u>	<u>WILL YOUR USE INVOLVE:</u>	<u>TYPE OF ENVIRONMENTAL IMPACT</u>
	<input checked="" type="checkbox"/>	<u>HAZARDOUS WASTE TRANSPORTATION?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>UNDERGROUND STORAGE TANK (UST)?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>ABOVEGROUND STORAGE TANK (AST)?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>HAZARDOUS SUBSTANCES?</u> If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>CURRENTLY UNCLASSIFIED WASTE</u> Will your use involve currently unclassified waste containing the following? (A.R.S. §49-854). If yes, check appropriate waste category:	
		<input type="checkbox"/> Polychlorinated biphenyls (PCBs)	<input type="checkbox"/> Oil and gas exploration drilling muds
		<input type="checkbox"/> Incinerator ash	<input type="checkbox"/> Categorical industrial pretreatment sludge
		<input type="checkbox"/> Petroleum refining waste	<input type="checkbox"/> Radioactive waste
		<input type="checkbox"/> Slag and refractory material	<input type="checkbox"/> Uranium ore tailings
		<input type="checkbox"/> Precious metals recycling	<input type="checkbox"/> Industrial catalysts
		<input type="checkbox"/> Aluminum dross	<input type="checkbox"/> Industrial sands (excluding mining or mineral processing operation)
		<input type="checkbox"/> Petroleum contaminated soil	<input type="checkbox"/> Commercial/industrial septage
		<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/> Contaminated process equipment
		<input type="checkbox"/> Industrial Sludges	
		If checked, explain waste generation process: _____	
	<input checked="" type="checkbox"/>	<u>SUPERFUND SITES</u> Is the State Trust land located in a National Priority List (NPL, Federal Superfund) area or in a Water Quality Assurance Revolving Fund (WQARF, State Superfund) study area?	
		If yes, NP or WQARF area name: _____	
	<input checked="" type="checkbox"/>	<u>LAND DISTURBANCE</u> If land disturbance will occur, will it be on previously undisturbed land? If yes, explain: _____	
	<input checked="" type="checkbox"/>	<u>WATER WELLS</u> Are there open and/or abandoned water wells on the property? If yes, submit a site diagram showing location(s) and use(s).	
	<input checked="" type="checkbox"/>	<u>ADJACENT LAND USES</u> To the best of your knowledge, are adjacent lands subject to any of the above-referenced environmental impacts? If yes, explain: _____	
<input checked="" type="checkbox"/>		<u>ON-SITE INSPECTION/ENVIRONMENTAL ASSESSMENT</u> To the best of your knowledge, has an on-site inspection and/or an environmental site assessment been performed at this location?	
		If yes, explain: <u>EA. was done prior to original lease.</u>	
	<input checked="" type="checkbox"/>	<u>PREVIOUS ENVIRONMENTAL IMPACT</u> To the best of your knowledge, has any environmental impact been reported previously to ADEQ?	
		If yes, explain: _____	

ADDITIONAL COMMENTS:

PURCHASE OR LONG TERM COMMERCIAL LEASE APPLICATION ADDENDUM

NOTE: READ CAREFULLY

1. A Preliminary Application Information Sheet ("Preliminary Application Sheet"), signed and dated by a Sales or Commercial Lease Administrator, or Section Manager, or Division Director, must accompany any new application for Purchase or Long Term Lease. If a Preliminary Application Sheet does not accompany the application, or if it is not signed and dated, or if the application is not submitted within 90 days of the Preliminary Application Conference date, the application shall be rejected.
2. Preliminary Application Conferences shall be set up by an administrator of the Sales and Commercial Leasing Section (602) 542-1704. The Conference may be with the proposed applicant or a broker representing the applicant. Preliminary Application Conferences shall be by appointment, may be in person or by phone, shall be scheduled for a thirty (30) minute time period, and shall occur on the first and third Wednesdays of each month, unless an administrator personally arranges otherwise.
3. An appointment for a Preliminary Application Conference must be set up at least ten (10) working days in advance, and the potential applicant must provide a completed Preliminary Application Sheet prior to or at the time the Preliminary Application Conference is scheduled. The completed Preliminary Application Sheet may be mailed, hand delivered, faxed or provided electronically. If the Preliminary Application Conference is scheduled by telephone, it is the responsibility of the potential applicant or broker to make sure the Preliminary Application Sheet is delivered to the administrator prior to requesting the Conference. The administrator shall not schedule the Preliminary Application Conference if the potential applicant fails to provide the completed Preliminary Application Sheet prior to scheduling the Preliminary Application Conference.
4. Administrators will be assigned to be available for Preliminary Application Conferences on a rotating basis.
5. When the Preliminary Application Conference is concluded, the administrator shall return the Preliminary Application Sheet to the potential applicant or his broker to submit with the application if one is filed, and retain a copy.

ACCEPTANCE OF THE APPLICATION SUBSEQUENT TO COMPLETION OF THE ADDENDUM DOES NOT CONSTITUTE A FINAL DETERMINATION BY THE DEPARTMENT OF THE MERITS OF THE APPLICATION.

ARIZONA STATE LAND DEPARTMENT
REAL ESTATE DIVISION

ADDENDUM TO APPLICATION
REQUIRED PRELIMINARY APPLICATION INFORMATION

This completed form, signed and dated by the Real Estate Division, must accompany every New Purchase or Long Term Commercial Lease Application. The Department will not accept an application for a purchase or long term commercial lease without this form being completed.

_____ Purchase Lease

APPLICANT INFORMATION

Applicant Name: Cochise County Emergency Services
Contact Name: Mike Evans
Mailing Address: 1415 Melody Lane, Building G
City: Bisbee
State & Zip Code: AZ, 85603
Phone: 520-432-9220 Fax: _____
E-Mail: mevans@cochise.az.gov

PARCEL INFORMATION

Section/Township/Range: 16 / 14 / 27
Political Jurisdiction: Cochise County
Existing Zoning: _____ General Plan Designation: _____
Existing Adjacent Land Uses:
North Public Land
East Public Land
South Public Land
West Public Land

Proposed Project Description and time line for development:

Site exists currently, no add'l projects

Access (describe, name street): Mascot Mine Road, Dos Cabezas, AZ

Is access an improved dedicated public street? _____ Yes No

What are the drainage and/or flood plain constraints or requirements for the subject?

N/A

What is the estimated number of waterways/washes and their size?

Water: List Provider (Contact Information and copy of service boundary map from Arizona Corporation Commission if private utility); Location and diameter of line to service proposed development; is there adequate capacity?

N/A

Sewer: List Provider (Contact Information and copy of service boundary map from Arizona Corporation Commission if private utility); Location and diameter of line to service proposed development; is there adequate capacity?

N/A

Are there any extraordinary issues affecting the subject parcel that you are aware of, such as the existence of endangered species, cultural resources, topographic constraints, etc.?

No

What is your opinion of the value of the parcel you wish to purchase or lease, per acre, and if appropriate, per square foot?

2400/year for 0.132 acre plot

Why are you requesting that this property be sold or leased at this time? Provide supporting market data.

Continuation of existing lease to operate Cochise County wireless infrastructure

For Real Estate Division Use Only

Preliminary Application Interview Took Place with:

Real Estate Division Signature:

(Date)