

# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Patricia M. Nyberg Address: 1040 E Eastland Road  
Business Name: Taza's Hideaway City/Zip: Cochise/85606  
Liquor License #: 12023159 Parcel #: 114-12-004C7  
Ownership Type: Limited Liability Company 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:

The full year 2010 property taxes are delinquent

Name: P.J. Green Title: Tax Specialist  
Signature: \_\_\_\_\_ Date: 5/16/11  
Contact phone: 432-8406 Email: \_\_\_\_\_

Return completed form with any attachments by: 5/20/2011

**Rios, Arlethe**

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**From:** Green, PJ  
**Sent:** Monday, May 16, 2011 10:57 AM  
**To:** Rios, Arlethe

parcel number: 114-12-004-03-7 (03=C)

total amount owing thru the end of May = \$3513.07

INQUIRY COCHISE COUNTY TAX INQUIRY TXPyInqRG

Cashier: PGR

Parcel: 114 12 004 03 7 Yr: 2010 Roll#: 00-44540

Legal Desc: A POR OF E2NW SEC 18 COM AT NE COR OF NW Area: 2270

Sec Code: DU1T3V

Name 1 : DE CAMP FRANK & MARLENE M SOWA

Name 2 :

Name 3 :

C/O Name :

Address : 3708 N MESQUITE

City,St,Zip: COCHISE AZ 85606

	<b>Taxes Remaining</b>	<b>Fees Pd</b>	<b>Int Pd</b>	<b>Pen Pd</b>	<b>Taxes Paid</b>
<b>1st Half:</b>	<b>1,667.65</b>	.00	.00	.00	<b>.00</b>
<b>2nd Half:</b>	<b>1,667.65</b>	.00	.00	.00	<b>.00</b>

1st Half Paid By:

Date Pd:

2nd Half Paid By:

Date Pd:

**1st Half Int Due: \$155.59**

1st Half Pen Due: .00

**2nd Half Int Due: \$ 22.18**

2nd Half Pen Due: .00

Option:

F3-Return

P H F5-Legal Desc F10-Roll Info

F12-Step back

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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:

As of this date Taza's Hideaway does not have a Cochise County "Permit to Operate". The applicant, Patricia M. Nyberg, needs to contact Danny Nikitas, Environmental Health Specialist for the Willcox District, to ensure compliance with the Cochise County Sanitary Code, Arizona Food Code, Prop 201 and all other necessary requirements prior to opening the facility. Once all conditions have been met and permits obtained the Environmental Health Division will have no objection to issuing Liquor License #12023159 to the applicant.

## 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.

Name: Michael McGee Title: Director  
Signature: *Michael McGee* Date: May 13, 2011  
Contact phone: (520) 432-9444 or (520) 586-8206 Email: mmcgee@cochise.az.gov

Return completed form with any attachments by: 05/20/2011

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**For internal use only:**

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

**APPLICANT INFORMATION**

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 Business Name: Taza's Hideaway City/Zip: Cochise/85606  
 Liquor License #: 12023159 Parcel #: 114-12-004C  
 Ownership Type: Limited Liability Company Liquor License  Special Event Liquor License   
 Partner(s): \_\_\_\_\_

**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 site not within 300 horizontal feet of a church, 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 <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: GB  
 Use permitted by P&Z? Y  N  Permit#: 075039  
 Date Permit Issued: May 8, 2007 Use Permitted: Restaurant (Deli)  
 If use not permitted, is it LNC? Y  N  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 Flores Title: Permit and Customer Service Coordinator  
 Signature: Dora V Flores Date: May 16, 2011  
 Contact phone: (520) 432-9240 Email: dflores@cochise.az.gov

*Return completed form with any attachments by:* 5/20/2011

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RECEIVED  
COCHISE COUNTY  
BOARD OF SUPERVISORS  
2011 MAY 16 A 8:01



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Partner(s):

NO RECORD

## TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. The applicant, or any named partner(s), has had a felony conviction within five (5) years prior to the application or;
2. 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:

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:	Approval <input checked="" type="checkbox"/>	Disapproval <input type="checkbox"/>
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Name: Nicki Catero Title: Civil Secretary  
Signature: Nicki Catero Date: May 13, 2011  
Contact phone: 432-9513 Email: \_\_\_\_\_

Return completed form with any attachments by: 5/20/2011