

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Rodney Edward Keeling Address: 155 N Frontage Road
Business Name: Keeling Schaefer Vineyards, LLC City/Zip: Pearce/85625
Liquor License #: 13023006 Parcel #: 114-14-176
Ownership Type: Limited Liability Company 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:

Cochise County Environmental Health Division has no objections to the issuing of Special Event Liquor License #13023006 to the applicant Rodney Edward Keeling.

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: Mary Gomez Title: Director, Health & Social Services
Signature:  Date: October 17, 2012
Contact phone: 520.432.9404 Email: mgomez@cochise.az.gov

Return completed form with any attachments by: 10/19/12

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Rodney Edward Keeling Address: 155 N Frontage Road
Business Name: Keeling Schaefer Vineyards, LLC City/Zip: Pearce/85625
Liquor License #: 13023006 Parcel #: 114-14-176
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.

xx Yes No

If not, please attach pertinent documentation.

Comments:

The taxes are paid in full thru the 2011 tax year
We have not processed any payments for 2012 as of today's date.

Name: P.J. Green Title: Tax Specialist
Signature: _____ Date: 10/16/2012
Contact phone: 432-8406 Email: _____

Return completed form with any attachments by: 10/19/12

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: Rodney Edward Keeling Address: 155 N Frontage Road
 Business Name: Keeling Schaefer Vineyards, LLC City/Zip: Pearce/85625
 Liquor License #: 13023006 Parcel #: 114-14-176
 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: N/A -this application is exempt from the 300 foot rule

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"/>
---------------------------------------------------------------------------------------------------------------------	-------------------------------------------------	-----------------------------------------

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Zoning:	GB
Use permitted by P&Z?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Permit#:	PENDING ISSUANCE
Date Permit Issued:	PENDING ISSUANCE	Use Permitted:	TEMP EVENT
If use not permitted, is it LNC?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	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: October 16, 2012
 Contact phone: 520-432-9240 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 10/19/12

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Rodney Edward Keeling Address: 155 N Frontage Road
Business Name: Keeling Schaefer Vineyards, LLC City/Zip: Pearce/85625
Liquor License #: 13023006 Parcel #: 114-14-176
Ownership Type: Limited Liability Company Liquor License Special Event Liquor License
Partner(s): _____

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: No felony convictions within five (5) years and no significant number of incidents at the named location with five (5) years.

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"/>	No Recommendation <input type="checkbox"/>
-----------------------------------------------------------------------------------------------------	----------------------------------------------	--------------------------------------	--------------------------------------------

Name: Ken Buckner Title: Deputy Commander
Signature: D.C. K. Buckner Date: 10-16-12
Contact phone: 520-432-9506 Email: kbuckner@cochise.az.gov

Return completed form with any attachments by: 10/19/12