

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Daniel A. Wood Address: 1105 Irene Street
Business Name: Shadow Mt Golf Course/Country Club City/Zip: Pearce/85625
Liquor License #: 12023172 & 07020002 Parcel #: 114-18-001
Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): Shadow Hills

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:

Shadow Mountain Golf Course/Country Club - [W-4368] is a licensed establishment with the Cochise County Environmental Health Division and meets all requirements of the Cochise County Sanitary Code; Arizona Food Code and Prop 201; therefore this division has no objection issuing two liquor licenses [Interim Permit and Person Transfer] #12023172 (restaurant) and #07020002 (beer/wine) to the applicant Daniel A. Wood.

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: *Mary Gomez* Date: November 06, 2012
Contact phone: 520.432.9404 Email: mgomez@cochise.az.gov

Return completed form with any attachments by: 11/06/12

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APPLICANT INFORMATION

Applicant Name: Daniel A. Wood Address: 1105 Irene Street
Business Name: Shadow Mountain Golf Course/Country Club City/Zip: Pearce/85625
Liquor License #: 12023172 & 07020002 Parcel #: 114-18-011
Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): Shadow Hills

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:

Name: Lynn Phillips Title: Secretary II
Signature: Lynn Phillips Date: November 14, 2012
Contact phone: 520-432-8422 Email: lphillips@cochise.az.gov

Return completed form with any attachments by: 11/6/12

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For internal use only:

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

APPLICANT INFORMATION

Applicant Name: Daniel A. Wood Address: 1105 Irene Street
 Shadow Mountain Golf
 Business Name: Course/Country Club City/Zip: Pearce/85625
 Liquor License #: 12023172 & 07020002 Parcel #: 114-18-011
 Ownership Type: LLC Liquor License Special Event Liquor License
 Partner(s): Shadow Hills

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 <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#:	N/A
Date Permit Issued:	N/A	Use Permitted:	CLUBHOUSE
If use not permitted, is it LNC?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Year LNC Established:	1964

- 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 31, 2012
 Contact phone: (520) 432-9240 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 11/6/12

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APPLICANT INFORMATION

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Business Name: Shadow Mountain Golf Course/Country Club City/Zip: Pearce/85625
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Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): Shadow Hills

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: The applicant and named location have no felony convictions or significant incidents with the previous five (5) year period.

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"/>
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Name: Ken Buckner Title: Deputy Commander
Signature: D.C. K. Buckner Date: October 30, 2011
Contact phone: 520-432-9506 Email: kbuckner@cochise.az.gov

Return completed form with any attachments by: 11/14/12