

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

RECEIVED
COCHISE COUNTY
BOARD OF SUPERVISORS
2013 MAR -7 P 4:17

APPLICANT INFORMATION

Applicant Name: James H. Graham Address: 571 N Frontage Road
Business Name: Golden Rule Vineyard City/Zip: Sunsites/85625
Liquor License #: 13023015 Parcel #: 114-17-021C
Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): _____ Wine Festival

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 felonies, no incidents at location.

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

Approval

Disapproval

No Recommendation



Name: Col Mark P. Genz Title: Admin Colr
Signature: Wh Py Date: 3/7/13
Contact phone: 520 432-9533 Email: mrgenz@cochise.az.gov

Return completed form with any attachments by: 2/25/13

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For internal use only:

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

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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 N Zoning: GB
 Use permitted by P&Z? Y N Permit#: 055037, exempt per 1817.04.I
 Date Permit Issued: 06/13/05 Use Permitted: 7,000 sq ft office/retail bldg
 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: February 20, 2013
 Contact phone: 520-432-9240 Email: dflores@cochise.az.gov

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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 event will not require a temporary permit from Env. Health because there will be no washing and reuse of wine glasses, or any other food to be given/sold.

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: Danny Nikitas Title: Acting Director, Env. Health
Signature:  Date: 2/19/13
Contact phone: 520-586-8207 Email: dnikitas@cochise.az.gov

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TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

X Yes No

If not, please attach pertinent documentation.

Comments:

Name: PJ Green Title: Accounting Tech.
Signature: _____ Date: 2/19/13
Contact phone: 432-8406 Email: _____

Return completed form with any attachments by: 2/25/13