

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: Kimberly B. Asmundson Address: 6701 S. Zarpara Lane
 Business Name: Asmundson Family Vineyard City/Zip: Willcox/85643
 Liquor License #: 13023031 Parcel #: 305-32-019Q
 Ownership Type: LLC Liquor License Special Event Liquor License
 Partner(s): n/a

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. See attached revised site plan.

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:	RU-4
Use permitted by P&Z?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Permit#:	N/A
Date Permit Issued:	N/A		Use Permitted:	AG EXEMPT PER 1704.01.A
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: June 5, 2013
 Contact phone: 520-432-9240 Email: Dflores@cochise.az.gov

Return completed form with any attachments by: 6/10/13

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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.

XX Yes No

If not, please attach pertinent documentation.

Comments:

Name: P.J. Green Title: Accounting Tech.
Signature: _____ Date: 6/4/2013
Contact phone: _____ Email: _____

Return completed form with any attachments by: 6/10/13

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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: A criminal history check reveals no felony convictions and there have not been incidents on the premises.

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

Approval



Disapproval



No Recommendation



Name: Mark P. Genz Title: Administrative Commander
Signature: Ss/ Mark P. Genz Date: 061013
Contact phone: 432-9506 Email: mgenz@cochise.az.gov

Return completed form with any attachments by: 6/10/13

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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 Environmental Health Division has no objections to the issuance of this liquor license.

Date 6/4/2013

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: Tim Wyatt Title: _____
Signature: _____ Date: 6/4/13
Contact phone: 803-3920 Email: twyatt@cochise.az.gov

Return completed form with any attachments by: 6/10/13