

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Gary J. Cowell Address: 6415 E Hwy 90
Business Name: Dillon's City/Zip: Sierra Vista, 85635
Liquor License #: 06020045 Parcel #: 107-23-029A
Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): Rivka LLC

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: Checks on both Mr Cowell and Ms Townsend reveal no felony convictions within the past 5 years.

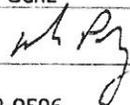
I have run a check on incidents at the business within the last five years. The Sheriff's Office has responded to 66 incidents at that location within the past five years. These range from suspicious activity to disorderly conducts to assaults and incidents in between.

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: Commander
Signature:  Date: 121613
Contact phone: 520 432-9506 Email: mgenz@cochise.az.gov

Davis, Catherine

From: Wilson, Kathleen
Sent: Monday, December 02, 2013 8:03 AM
To: Davis, Catherine
Subject: Treasurer Review Form (2)

APPLICANT INFORMATION

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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.

xxx Yes No

If not, please attach pertinent documentation.

Comments:

Name: Kathleen Wilson Title: Tax specialist 1
Signature: Kathleen wilson Date: 12/2/2013
Contact phone: _____ Email: _____

Return completed form with any attachments by: 12/3/13

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For internal use only:

Restaurant/Hotel-Motel

Club/Government

Transfer of Premises

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Ownership Type: LLC Liquor License Special Event Liquor License

Partner(s): Rivka LLC

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 – General Business
Use permitted by P&Z?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Permit#:	n/a
Date Permit Issued:	n/a	Use Permitted:	Bar/Tavern
If use not permitted, is it LNC?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Year LNC Established:	1974

- 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: November 27, 2013

Contact phone: 520-432-9240 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 12/3/13

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APPLICANT INFORMATION

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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:

This establishment is already licensed with our department. Our records indicate it is owned by Rivka LLC which is what is listed on the liquor application.

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: Jonathan DeBee Title: Environmental Health Specialist II
Signature:  Date: 11-26-13
Contact phone: 520-803-3930 Email: jdebee@cochise.az.gov

Return completed form with any attachments by: 12/3/13

Davis, Catherine

From: Debee, Jonathan
Sent: Tuesday, November 26, 2013 4:29 PM
To: Davis, Catherine
Cc: Nikitas, Danny
Subject: Dillon's liquor app.
Attachments: Health Review Form reply for Dillon's.docx

This establishment is currently licensed with our department under the name given in their application. See attached memo. Thank you.

Jonathan "Dan" DeBee R.S.
EHS II/Vector Control Specialist
4115 E. Foothills Dr.
Sierra Vista AZ 85635
520-803-3930