

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: Barbara L. Coons Address: 274 E. Pearce Rd
 Business Name: Four Tails Vineyard City/Zip: Pearce, 85625
 Liquor License #: 13023037 Parcel #: 122-01-010
 Ownership Type: LLC Liquor License Special Event Liquor License
 Partner(s): Four Tails, 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:	RU-4
Use permitted by P&Z?	Y <input type="checkbox"/> N <input type="checkbox"/> No permit req'd	Permit#:	N/A
Date Permit Issued:	N/A	Use Permitted:	Use is exempt as On-site AG Processing
If use not permitted, is it LNC?	Y <input type="checkbox"/> N/A <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: Jennifer Vincent Title: Sr. Planning Technician
 Signature: Jennifer Vincent Date: May 12, 2014
 Contact phone: 520-432-9240 Email: Vincent312@cox.net

Return completed form with any attachments by: May 13, 2014

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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:

If the applicant's current proposal is to only sell bottles of wine that are commercially produced offsite and single serve wine tasting is offered then Cochise County Environmental Health Division has no concerns with the current proposal and no objection to the issuing of Liquor License #13023037 to Barbara L. Coons dba Four Trails Vineyards

If the applicant plans to produce wine onsite, ware washing and reuse of glassware, or prepare food then Environmental Health would require a review of the proposal and work with the applicant to get any licenses required from us.

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: Natalie Johnson Title: Environmental Health Specialist Aide
Signature: *Natalie Johnson* Date: 05/9/14
Contact phone: 520-586-8208 Email: njohnson@cochise.az.gov

Return completed form with any attachments by: _____

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Partner(s): Four Tails

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: Criminal history checks on both Barbara and Cale Coons revealed no felony convictions within 5 years. There have not been a significant number of incidents at the location with 5 years.

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: Ss/Mark P. Genz

Date: 050914

Contact phone: (520) 432-9506

Email: mgenz@cochise.az.gov

Return completed form with any attachments by: _____

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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.

Yes No

If not, please attach pertinent documentation.

Comments:

At this time the second half of 2013 taxes are delinquent as of may 1st 2014 they still owe the second half

Name: KATHLEEN WILSON Title: TAX SPECIALIST 1
Signature: KATHLEEN WILSON Date: 5/6/2014
Contact phone: 520-432-8404 Email: KWILSON@COCHISE.AZ.GOV

Return completed form with any attachments by:

KATHLEEN
WILSON

