

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: | Keith Wilson | Address: | 12 Theater Drive |
| Business Name: | American Legion #52 | City/Zip: | Sierra Vista 85635 |
| Liquor License #: | 14020001 | Parcel #: | 106-71-127 |
| Ownership Type: | Owner | Liquor License | x |
| Partner(s): | n/a | Special Event Liquor License | <input type="checkbox"/> |

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 <input type="checkbox"/> | N <input checked="" type="checkbox"/> | Zoning: | MH-72 |
| Use permitted by P&Z? | Y <input type="checkbox"/> | N <input checked="" type="checkbox"/> | Permit#: | N/A |
| Date Permit Issued: | N/A | | Use Permitted: | Lodge |
| If use not permitted, is it LNC? | Y <input checked="" type="checkbox"/> | N <input type="checkbox"/> | Year LNC Established: | 1973 |

- 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 4, 2014 |
| Contact phone: | 520-432-9240 | Email: | dflores@cochise.az.gov |

Return completed form with any attachments by: June 11, 2014

COCHISE COUNTY BOARD OF SUPERVISORS



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APPLICANT INFORMATION

Applicant Name: Keith Wilson Address: 12 Theater Drive
Business Name: American Legion #52 City/Zip: Sierra Vista 85635
Liquor License #: 14020001 Parcel #: 106-71-127
Ownership Type: Owner Liquor License x Special Event Liquor License
Partner(s): n/a

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: Mr. Wilson has not had any felony convictions within the last five years and there have not been a significant number of incidents at the location in the last five years.

| | | | |
|---|--------------------------------------|---|--|
| Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is: | Approval <input type="checkbox"/> | Disapproval <input type="checkbox"/> | No Recommendation <input checked="" type="checkbox"/> |
|---|--------------------------------------|---|--|

Name: Mark P. Genz Title: Commander
Signature: Ss/Mark P. Genz Date: 061614
Contact phone: (520) 432-9506 Email: mgenz@cochise.az.gov

Return completed form with any attachments by: _____