

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Andrea Lewkowitz Address: 1860 S. Hwy 92
Business Name: Little General Chevron City/Zip: Sierra Vista, AZ 85635
Liquor License #: 10023158 Parcel #: 105-16-031A
Ownership Type: Corporation Liquor License Special Event Liquor License
Partner(s): Max Mini Mart, LTD

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:

This parcel is in back tax. There is a lien applied to this parcel for 2009 thur 2014 .

Name: Kathleen wilson Title: Tax specialist 1
Signature: Kathleen wilson Date: 08/21/2015
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 8/27/15

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TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. 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: There have not been a significant number of incidents at the above location in 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: s/Mark P. Genz

Date: 082815

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

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8/27/15

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For internal use only:	
<input type="checkbox"/>	Restaurant/Hotel-Motel
<input type="checkbox"/>	Club/Government
<input type="checkbox"/>	Transfer of Premises

APPLICANT INFORMATION

Applicant Name:	<u>Andrea Lewkowitz</u>	Address:	<u>1860 S. Hwy 92</u>
Business Name:	<u>Little General Chevron</u>	City/Zip:	<u>Sierra Vista, AZ 85635</u>
Liquor License #:	<u>10023158</u>	Parcel #:	<u>105-16-031A</u>
Ownership Type:	<u>Corporation</u>	Liquor License	<input checked="" type="checkbox"/> Special Event Liquor License <input type="checkbox"/>
Partner(s):	<u>Max Mini Mart, LTD</u>		

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
Use permitted by P&Z?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Permit#:	7362
Date Permit Issued:	10/21/85	Use Permitted:	Convenience Market
If use not permitted, is it LNC?	Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Year LNC Established:	N/A
<input type="checkbox"/> 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.			
<input type="checkbox"/> The Planning Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.			
<input type="checkbox"/> The Planning Department is currently working with the property owner on several zoning-related issues with the subject property.			
<input type="checkbox"/> The Planning Department is currently working with the property owner on obtaining the proper permits to operate the business.			

Name:	<u>Dora V Flores</u>	Title:	<u>Zoning Administrator</u>
Signature:	<u>Dora V Flores</u>	Date:	<u>August 24, 2015</u>
Contact phone:	<u>432-9300</u>	Email:	<u>dflores@cochise.az.gov</u>

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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:

Environmental Health has no issues or concerns with the proposed permit.

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: Carl Hooper Title: Environmental Health Specialist
Signature:  Date: 8/25/2015
Contact phone: (520) 432-9442 Email: chooper@cochise.az.gov

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