

# 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 C. Holmes Address: 1765 Fort Willcox Loop  
 Business Name: Fort Willcox RV Park City/Zip: Willcox, AZ 85643  
 Liquor License #: 10023160 Parcel #: 203-11-061  
 Ownership Type: Limited Liability Company Liquor License  Special Event Liquor License   
 Partner(s): \_\_\_\_\_

### 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     N                     Zoning:                    General Business (GB)  
 Use permitted by P&Z?        Y     N                     Permit#:                    14-0984  
 Date Permit Issued:            August 14, 2014            Use Permitted:            Add retail sales to existing office.  
 If use not permitted, is it LNC? Y     N                     Year LNC Established:    1971 – RV Park

- 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: Zoning Administrator  
 Signature: Dora V Flores Date: October 2, 2015  
 Contact phone: 520-803-3967 Email: dflores@cochise.az.gov

*Return completed form with any attachments by:* 10/6/15

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Partner(s): \_\_\_\_\_

## 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 this location within the past 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: 093015

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

Return completed form with any attachments by: 10/6/15

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Ownership Type: Limited Liability Company Liquor License  Special Event Liquor License   
Partner(s): \_\_\_\_\_

## 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:

Cochise County Environmental health has no issues or concerns with the proposed 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: Carl Hooper Title: Environmental Health Specialist  
Signature:  Date: 9/30/2015  
Contact phone: 520 432 9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 10/6/15

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Partner(s): \_\_\_\_\_

## TO BE COMPLETED BY THE TREASURER'S OFFICE

Please advise if the property taxes for the parcel in question are current.

xxxx  Yes  No

If not, please attach pertinent documentation.

Comments:

Paid in full for 2014 taxes

Name: Kathleen wilson Title: Tax specialist 1  
Signature: Kathleen wilson Date: 9/30/15  
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 10/6/15