



# COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

## APPLICANT INFORMATION

Applicant Name: Delores Dianne Cortez-Foote Address: 4341 S. Hwy 92  
Business Name: Uptown 3 Theatre City/Zip: Sierra Vista, AZ 85650  
Liquor License #: 06020009 Parcel #: 107-66-068C  
Ownership Type: Individual Liquor License  Special Event Liquor License   
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 the location within 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: 100115

Contact phone: 432-9506

Email: mgenz@cochise.az.gov

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

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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:

Cochise County Environmental Health has no issues 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

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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.

xxxx  Yes  No

If not, please attach pertinent documentation.

Comments:

Paid in full for the 2014 tax year

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