

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: John McLoughlin & Associates, Inc. **Address:** 8001 S Bell Ranch Road
Business Name: Heavens Cellars **City/Zip:** Willcox, AZ 85643
Liquor License #: 13023043 **Parcel #:** 305-43-003
Ownership Type: Inc. **Liquor License** **Special Event Liquor License**
Partner(s): na

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 checked="" type="checkbox"/>	Permit#:	N/A
Date Permit Issued:	N/A	Use Permitted:	Future Ag Processing Servic, On-Site
If use not permitted, is it LNC?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Year LNC Established:	N/A

The applicant is currently only growing grapes on 150 acres for his future winery. Per the State, Dept of Liquor (Craig Miller) the applicant will have a #13 to allow the grapes for wine be grown, then the grapes will be taken to a site that has a #21 to be processed into wine, aged, matured, mixed and also to be stored. With this the applicant would also be allowed to sell off site such as festivals and internet sales.

The applicant also called and advised that in the near future he does plan to construct a building at this site to process 100% of the grapes that he grows on site.

Name: Dora V Flores **Title:** Zoning Administrator
Signature: Dora V Flores **Date:** December 16, 2015
Contact phone: 520-803-3960 **Email:** dflores@cochise.az.gov

Return completed form with any attachments by: 12/16/2015

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Partner(s): na

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

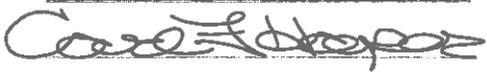
We would like to request your assistance in reviewing the attached application.

Please provide any pertinent information for the Board's consideration:

We have no issues or concerns with the proposed permit. The establishment will require licensure with Cochise County Environmental Health.

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: 12/09/2015
Contact phone: (520) 432-9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 12/16/2015

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Partner(s): no

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 in the last five years at the location.

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: 12/9/15
Contact phone: 432-9506 Email: mgenz@cochise.az.gov

Return completed form with any attachments by: 12/16/2015

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Partner(s): no

TO BE COMPLETED BY THE TREASURER'S OFFICE

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

Yes xxx No

If not, please attach pertinent documentation.

Comments:

The first half is delinquent at this time

*12/30/15:
Taxes were paid.*

Name: Kathleen wilson Title: Tax specialist 1
Signature: Kathleen wilson Date: 12/09/2015
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 12/16/2015