

# 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: Greg Michael Gonnerman Address: 6223 E Cattle Drive  
 Business Name: Laramita Cellars LLC City/Zip: Willcox, AZ 85643  
 Liquor License #: 13023044 Parcel #: 305-55-023  
 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 area 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-10
Use permitted by P&Z?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Permit#:	N/A
Date Permit Issued:	N/A		Use Permitted:	Ag Processing Serv, On-Site
If use not permitted, is it LNC?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>	Year LNC Established:	N/A

- 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.
- The applicant states more than 70% of the crop input for the facility is grown on site.

Name: Dora V Flores Title: Zoning Administrator  
 Signature: Dora V Flores Date: January 19, 2016  
 Contact phone: 520-803-3960 Email: dflores@cochise.az.gov

Return completed form with any attachments by: 1/20/2016

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Partner(s): na

## 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 in the past 5 years.

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

Name: Mark P. Genz Title: Commander  
Signature: s/Mark P. Genz Date: 011316  
Contact phone: 432-9502 Email: mgenz@cochise.az.gov

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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 application. The establishment will require licensure from Cochise County Environmental Health and bi-annual inspection by this department.

## 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: 1/13/2016  
Contact phone: 520 432 9442 Email: chooper@cochise.az.gov

Return completed form with any attachments by: 1/20/2016

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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:

2015 taxes are paid in full

Name: Kathleen wilson Title: Tax specialist 1  
Signature: Kathleen wilson Date: 1/13/2016  
Contact phone: 520-432-8404 Email: kwilson@cochise.az.gov

Return completed form with any attachments by: 1/20/2016