

Tab 1

**THE MINUTES OF THE REGULAR MEETING OF THE MAYOR AND  
CITY COUNCIL OF THE CITY OF WILLCOX, COCHISE COUNTY, AZ  
HELD ON THIS 20<sup>TH</sup> DAY OF MARCH, 2014**

**CALL TO ORDER** - Mayor Bob Irvin called the meeting to order at 6:39 p.m.

**ROLL CALL** - City Clerk, Virginia Mefford called the roll.

**PRESENT**

Mayor Robert A. Irvin  
Vice Mayor Bill Holloway  
Councilman Elwood A. Johnson  
~~Councilman Gerald W. Lindsey~~  
~~Councilwoman Monika Cronberg~~  
Councilman Earl Goolsby arrived at 6:47 pm  
Councilman William "Bill" Nigh

**STAFF**

City Manager Ted Soltis  
City Clerk Virginia Mefford  
~~City Attorney Ann P. Roberts~~  
Finance Director Ruth Graham  
Interim Police Chief Glenn Childers  
Public Services & Works Director John Bowen  
Library Director Tom Miner  
Development Services Jeff Stoddard

**ABSENT**

Councilman Gerald W. Lindsey - Excused  
Councilwoman Monika Cronberg - Excused

**PLEDGE OF ALLEGIANCE TO THE FLAG** - Led by Mayor Irvin

**CALL TO THE PUBLIC**

Frank Smith - Invited Council and staff to join in the Relay for Life on May 9, 2014 from 6:00 p.m. to 6:00 a.m.

Trevor Ward - He thanked the City on behalf of the Little League for providing the manpower for repairs to the dugouts at Keiller Park. Mr. Ward presented a check to the city for \$1,427.85, the cost of supplies.

Ralph Score - He gave a recap on the Film Festival that took place last Saturday. It was a great turnout and many people participated.

Rob Jones - He gave a recap on Willcox Cares indicating they have a few improvement projects they are planning in the near future. He thanked City staff for their cooperation.

**DECLARATION ON CONFLICT OF INTEREST** - None

**ADOPTION OF THE AGENDA**

**MOTION:** Vice Mayor Holloway made a motion to adopt the agenda with the deletion of item number 13.

**SECONDED:** Councilmember Johnson

**MOTION CARRIED**

**APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 6, 2014.**

**MOTION:** Vice Mayor Holloway made a motion to approve the minutes.

**SECONDED:** Councilmember Goolsby

**MOTION CARRIED**

**AMERICAN VITICULTURE AREA (AVA) PRESENTATION - PAUL HAGAR**

Paul Hagar gave a presentation on American Viticulture Area and explained in the PowerPoint the procedures of this process. The vicinity has to prove that it has something unique and different. Creating an AVA will put Willcox on the map and will increase the value on the wine sold. This process is approved by the US Secretary and Treasury Tobacco Tax and Trade Bureau (TTB). He noted that Willcox has unique features: closed basin, low slope, closed hydrology, climate-monsoon, and alluvial soils from the mountains. He also pointed out the unique features of the Chiricahua area. There will be a public input process. He thanked the Mayor and Council.

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**APPOINT ROB JONES TO THE LIBRARY ADVISORY COMMITTEE TO FILL A TERM EXPIRING JUNE 30, 2016.**

**MOTION:** Councilmember Johnson made a motion to approve appointment of Rob Jones to the Library Advisory Committee to fill a term expiring June 30, 2016.

**SECONDED:** Vice Mayor Holloway

**MOTION CARRIED**

**NATIONAL CRIME VICTIMS' RIGHTS WEEK, APRIL 6-12, 2104 PROCLAMATION**

Vice Mayor Holloway read the proclamation and Mayor Irvin presented it to Chief Glenn Childers.

**APPROVE FINAL PLAT FOR WILLCOX SUNSET MUNICIPAL CEMETERY BLOCKS 13, 14 AND 15, A PORTION OF THE SOUTHWEST QUARTER OF SECTION 36, TOWNSHIP 13, SOUTH, RANGE 24 EAST OF THE GILA AND SALT RIVER MERIDIAN, COCHISE COUNTY, ARIZONA.**

**MOTION:** Vice Mayor Holloway made a motion to approve Final Plat for Willcox Sunset Municipal Cemetery Blocks 13, 14 and 15, a portion of the Southwest quarter of section 36, township 13, south, Range 24 East of the Gila and Salt River Meridian, Cochise County, Arizona.

**SECONDED:** Councilmember Goolsby

**DISCUSSION:** Mr. Bowen gave a brief explanation on this Final Plat for the Willcox Sunset Municipal Cemetery. Councilman Johnson asked if there were any "No Solicitation" signs at this site. Mr. Bowen stated there aren't any. Vice Mayor Holloway asked for clarification on the location. Mr. Bowen explained the area of the plat.

**MOTION CARRIED**

**AUTHORIZE THE COLLECTION OF THE ARIZONA DEBT SETOFF PROGRAM COST OF OPERATING FEE PER A.R.S. 42-1122 (L)**

**MOTION:** Councilmember Goolsby made a motion to approve authorizing the Collection of the Arizona Debt Setoff Program Cost of operating fee per A.R.S. 42-1122 (L)

**SECONDED:** Vice Mayor Holloway

**DISCUSSION:** Councilman Johnson asked if someone owed money for a water bill, would the IRS keep the portion of the tax return. Ms. Graham indicated that was the case. The current processing fee is \$9.00.

**MOTION CARRIED**

**ORDINANCE NS318 - AMENDING THE CITY TAX CODE TO INCREASE THE TWO-TIER SINGLE ITEM PURCHASE AMOUNT FROM \$1,250 TO \$5,000**

**CITY MANAGER REPORT**

He attended the Mayor Manager meeting in Benson with Councilman Lindsey and Mayor Irvin.

He will have a meeting with the Union Pacific Railroad to see if the City of Willcox will be able to acquire property on the other side of the railroad tracks to expand the park. He is also researching the status of implementing a Quiet Zone.

He attended several Chamber of Commerce meetings. He expressed his appreciation for all of the work the Chamber is doing.

He received a copy of the draft code book. He is hopeful that a final version will soon be complete. He also noted that it will be available on-line

He attended the Sulphur Springs Historical Society dessert fundraiser. He expressed appreciation for all that the historical society does.

He expressed regret for not being able to attend the Film Festival. He hopes to be there next year.

**COMMENTS NOT FOR DISCUSSION FROM MAYOR AND COUNCIL MEMBERS**

Councilman Goolsby apologized for his tardiness for the Council meeting. He invited everyone to the NCCH fund raiser. He will not be at the next council meeting as he will be giving a concert at the fundraiser.

**ADJOURN** Being no further business before the Mayor and Council, the meeting was adjourned at 7:29 pm by Mayor Irvin.

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**THE MINUTES OF THE REGULAR MEETING OF THE MAYOR AND  
CITY COUNCIL OF THE CITY OF WILLCOX, COCHISE COUNTY, AZ  
HELD ON THIS 20<sup>TH</sup> DAY OF MARCH, 2014**

**CERTIFICATION**

I hereby certify that the foregoing minutes are a true and correct copy of the minutes of the regular meeting of the City Council of the City of Willcox held on the 20<sup>TH</sup> day of March 2014. I further certify that the meeting was duly called and held, and that a quorum was present.

**Dated this 20<sup>th</sup> day of March 2014**

\_\_\_\_\_  
Virginia A. Mefford, City Clerk

**PASSED, APPROVED AND ADOPTED** this 3<sup>rd</sup> day of April 2014.

\_\_\_\_\_  
*MAYOR ROBERT A IRVIN*

ATTEST:

Date signed: \_\_\_\_\_

\_\_\_\_\_  
City Clerk Virginia A. Mefford



Arizona Department of Liquor Licenses and Control  
800 West Washington, 5th Floor  
Phoenix, Arizona 85007  
www.azliquor.gov  
602-542-5141

**APPLICATION FOR LIQUOR LICENSE**  
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

**SECTION 1** This application is for a:

- MORE THAN ONE LICENSE
- INTERIM PERMIT *Complete Section 5*
- NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16*
- LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16*
- PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 16* (fee not required)
- GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

**SECTION 2** Type of ownership:

- I.T.W.R.O.S. *Complete Section 6*
- INDIVIDUAL *Complete Section 6*
- PARTNERSHIP *Complete Section 6*
- CORPORATION *Complete Section 7*
- LIMITED LIABILITY CO. *Complete Section 7*
- CLUB *Complete Section 8*
- GOVERNMENT *Complete Section 10*
- TRUST *Complete Section 6*
- OTHER (Explain)

**SECTION 3** Type of license and fees

LICENSE #(s): 07020022

1. Type of License(s): 07

2. Total fees attached: \$

Department Use Only
14 FEB

**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**  
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

**SECTION 4** Applicant

- Owner/Agent's Name: Mr. Willey Ms. Maria P. Holder  
(Insert one name ONLY to appear on license) Last First Middle
- Corp./Partnership/L.L.C.: Isabel's South of the Border Partnership  
(Exactly as it appears on Articles of Inc. or Articles of Org.) 1051800
- Business Name: Isabel's South of the Border  
(Exactly as it appears on the exterior of premises)
- Principal Street Location: 135 E Meloy St Wilcox Cochise 85643  
(Do not use PO Box Number) City County Zip
- Business Phone: 520-766-0559 Daytime Phone: 520-766-0559 Email: distextbbq@msu.com
- Is the business located within the incorporated limits of the above city or town?  YES  NO
- Mailing Address: 135 E Meloy St Wilcox AZ 85643  
City State Zip
- Price paid for license only bar, beer and wine, or liquor store: Type Bar \$ 7500.00 Type 07 \$ 7500.00

**DEPARTMENT USE ONLY**

Fees:	<u>200</u>	<u>44.00</u>	<u>244.00</u>
Application	Interim Permit	Site Inspection	Finger Prints
<b>TOTAL OF ALL FEES</b>			

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete?  YES  NO

Accepted by: mic Date: 2/19/2014 Lic. # 07020022

**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use?  YES  NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER, MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

State of \_\_\_\_\_ County of \_\_\_\_\_

X \_\_\_\_\_  
(Signature)

The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City State Zip
<del>Willey</del>	<del>Marra</del>	<del>Rabel</del>	<del>50</del>	<del>135 E. maly St. Wilcox. AZ 85643</del>	

Partnership Name: (Only the first partner listed will appear on license) Isabel's South of the Border Partners

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input checked="" type="checkbox"/>	Willey	Marra	I	50	135 E. maly St. Wilcox. AZ 85643	
<input checked="" type="checkbox"/>	Willey	Jeffrey	Lee	50	135 E. maly St. Wilcox AZ 85643	
<input type="checkbox"/>	P 1051 928					
<input type="checkbox"/>						

) Y R A S S E C E N F I T

2. Is any person, other than the above, going to share in the profits/losses of the business?  YES  NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

- CORPORATION *Complete questions 1, 2, 3, 5, 6, 7, and 8.*
- L.L.C. *Complete 1, 2, 4, 5, 6, 7, and 8.*

1. Name of Corporation/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_
3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
4. AZ L.L.C. File No: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
5. Is Corp./L.L.C. Non-profit?  YES  NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit?  YES  NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

- 1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
- 2. Assignee's Name: \_\_\_\_\_  
Last First Middle
- 3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
- 4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

- 1. Governmental Entity: \_\_\_\_\_
- 2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

- 1. Current Licensee's Name: \_\_\_\_\_ Entity: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: \_\_\_\_\_  
(Exactly as it appears on license)
- 3. Current Business Name: \_\_\_\_\_  
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
- 5. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
- 6. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
- 7. Current Mailing Address: \_\_\_\_\_  
(Other than business) Street \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
- 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?  YES  NO
- 9. Does the applicant intend to operate the business while this application is pending?  YES  NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
- 10. I, \_\_\_\_\_, hereby authorize the department to process this application to transfer the  
(print full name)  
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.  
I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name)  
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

\_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this  
\_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

- 1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
- 2. Assignee's Name: \_\_\_\_\_  
Last First Middle
- 3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
- 4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

- 1. Governmental Entity: \_\_\_\_\_
- 2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

- 1. Current Licensee's Name: Skinner Sherri-lyn Elenore Entity: Agent  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
- 2. Corporation/L.L.C. Name: SHERRI-LYN AND ANITA SKINNER PARTNERSHIP  
(Exactly as it appears on license)
- 3. Current Business Name: ~~Nelle Cashman's Restaurant~~ Cafe Margarita  
(Exactly as it appears on license)
- 4. Physical Street Location of Business: Street 131 S. Gln St.  
City, State, Zip Tombstone AZ 85638
- 5. License Type: #7 Beer/Wine Bar License Number: 07020022
- 6. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

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- 7. Current Mailing Address: Street P.O. Box 948  
(Other than business) City, State, Zip Tombstone AZ 85638

- 8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer?  YES  NO
- 9. Does the applicant intend to operate the business while this application is pending?  YES  NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

I, Sherri-Lyn Skinner, hereby authorize the department to process this application to transfer the privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, Sherri-Lyn Skinner, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

Sherri-Lyn Skinner  
(Signature of CURRENT LICENSEE)

State of Arizona County of Cochise  
The foregoing instrument was acknowledged before me this  
21 Day September Month 2010 Year  
Carolyn C. Stober  
(Signature of NOTARY PUBLIC)

My commission expires on: 25 July 2014  
OFFICIAL SEAL  
**CAROLYN C. STOBER**  
Notary Public - State of Arizona

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

- Current Business: (Exactly as it appears on license) Name Cafe Margarita  
Address 131 S. Fifth St. Tombstone, AZ 85638
- New Business: (Physical Street Location) Name Isabel's South of the Border  
Address 135 E. Moley St. Willcox AZ 85643
- License Type: Beer & Wine License Number: 07020022
- If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
- What date do you plan to move? Upon Approval What date do you plan to open? Upon Approval

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 550 ft. Name of school Willcox United Methodist  
Address 124 S. Curtis Ave Willcox, AZ 85643  
City, State, Zip

2. Distance to nearest church: 550 ft. Name of church First Baptist United Methodist  
Address 124 S. Curtis Willcox, AZ  
City, State, Zip

3. I am the:  Lessee  Sublessee  Owner  Purchaser (of premises)

4. If the premises is leased give lessors: Name Hector & Maria Figueroa  
Address 116 E Moley St Willcox, AZ 85643  
City, State, Zip

4a. Monthly rental/lease rate \$ 750.9 What is the remaining length of the lease 1 yrs. See ATT. mos.

4b. What is the penalty if the lease is not fulfilled? \$ 0 or other penalty first 5 years  
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ 0  
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip
<del>_____</del>						
<del>_____</del>						
<del>_____</del>						
<del>_____</del>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Restaurant

**LEASE AGREEMENT FOR 135 E. MALEY**

This Lease Agreement is made and entered into this 14<sup>th</sup> day of February, 2014 by and between NAKAI'S BAR LLC thru MARIE L. FIGUEROA, hereinafter referred to as LESSOR, and the ISABEL'S SOUTH OF THE BORDER AUTHENTIC MEXICAN CUISINE thru ISABEL WILLEY and JEFF WILLEY, hereinafter referred to as LESSEE.

~~WITNESSETH,~~

WHEREAS, the LESSOR and the LESSEE desire to enter into a Lease Agreement for the use of a parcel of real property located at 135 E. Maley Street, Willcox, Arizona, and further described as the First Floor Space of Parcel No. 203-28-234 on the rolls of the Cochise County Treasurer. The said property is to be used as a Restaurant serving food and alcoholic beverages. The term of the Lease shall be for Five (5) Years with Lease Periods to be agreed upon on a yearly basis thru a Written Amendment to this Original Lease. If the leased building is sold, the Lease Agreement in place, at the time of purchase, shall be binding upon any future purchaser(s). LESSOR or her Broker shall provide written Notice of Sale to LESSEE.

NOW, THEREFORE, it is hereby agreed that LESSEE will lease the property for the Initial Twelve-Month Lease Period commencing December 2, 2013 and ending on December 1, 2014. This agreement may be terminated by the LESSEE at the end of the effective Lease Period by providing a sixty day written notice to LESSOR.

IT IS FURTHER AGREED that LESSEE has the option to renew the Lease Agreement for an additional four (4) yearly Lease Periods under the same terms and conditions stated herein or as may be agreed upon in the annual Written Amendment(s).

As a condition for the use of the property, LESSEE shall pay utilities, city services, maintain the interior of the Leased property, updraft cooler, walk-in unit and exhaust fan unit (the roof and heating/cooling system are excluded), maintain Renter's liability insurance coverage for the Leased property and name the LESSOR as additional insured party, indemnify and hold LESSOR harmless from any liability which may result from the use of the said property by LESSEE's employees, officers or invitees.

LESSOR shall maintain fire insurance and flood insurance (if required by the mortgage holder) on the two story structure located at 135/137 E. Maley Street, Willcox, Arizona.

The Lease payment shall be the sum of \$750.00 per month plus \$22.50 (3%) rental tax and payment shall be made by the LESSEE on the last day of each month commencing on December 31, 2013 and the last day of each month thereafter. Lease payments shall be made out to NAKAI'S BAR, LLC, mailed to PO Box 1146, Willcox, AZ 85644 or delivered to Marie L. Figueroa.

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**LESSOR and LESSEE agree that certain remodeling improvements were paid by LESSEE and LESSOR agrees to offset those expenditures upon the sale of the property thru a \$5,000.00 cash reimbursement supported by detailed line item invoices and billings from licensed contractor. LESSEE shall have the right to remove exterior exhaust fan unit, exterior updraft cooler, exterior walk-in compressor unit and interior kitchen hood unit, all of which were items paid for by LESSEE.**

Upon expiration of the original Lease Period or any Written Amendment(s) renewing the Lease Period(s) or upon termination of the Lease, peaceable possession of the property shall be delivered to **LESSOR**.

**IN WITNESS WHEREOF**, the parties hereby enter into this Lease Agreement as of the day and year written above.

**LESSOR:**

**LESSEE:**

Nakai's Bar LLC  
Nakai's Bar LLC, Lessor

Isabel Willey  
Isabel Willey, Lessee

Marie L. Figueroa  
Marie L. Figueroa, Managing Member

Jeff Willey  
Jeff Willey, Lessee

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**SECTION 13 - continued**

- 7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?  
 YES  NO If yes, attach explanation.
- 8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business?  YES  NO
- 9. Is the premises currently licensed with a liquor license?  YES  NO If yes, give license number and licensee's name:  
 License # \_\_\_\_\_ (exactly as it appears on license) Name \_\_\_\_\_

**SECTION 14 Restaurant or hotel/motel license applicants:**

- 1. Is there an existing restaurant or hotel/motel liquor license at the proposed location?  YES  NO  
 If yes, give the name of licensee, Agent or a company name:  
 \_\_\_\_\_ and license #: \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
- 2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
- 3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
- 4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this  hotel/motel  restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_ applicant's signature

As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_ applicants initials

**SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)**

- 1. Check ALL boxes that apply to your business:  
 Entrances/Exits       Liquor storage areas      Patio:  Contiguous  
 Service windows       Drive-in windows       Non Contiguous
- 2. Is your licensed premises currently closed due to construction, renovation, or redesign?  YES  NO  
 If yes, what is your estimated opening date? \_\_\_\_\_  
 month/day/year
- 3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
- 4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
- 5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

Mzw  
applicants initials

**SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)**

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name ISabel's South of the Border  
 (Exactly as it appears on license) Address 135
2. New Business: Name ISA  
 (Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. If more than one license to be transferred: License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
5. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):**

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: 500 ft. Name of school Willcox United Methodist  
 Address 124 S. Curtis Ave. Willcox Arizona 85643  
 City, State, Zip
2. Distance to nearest church: 800 ft. Name of church First Baptist Church  
 Address Willcox Arizona 85643  
 City, State, Zip
3. I am the:  Lessee  Sublessee  Owner  Purchaser (of premises)
4. If the premises is leased give lessors: Name Hector + Maria Figueroa  
 Address \_\_\_\_\_  
 City, State, Zip
- 4a. Monthly rental/lease rate \$ 750.00 What is the remaining length of the lease \_\_\_ yrs. \_\_\_ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other \_\_\_\_\_  
 (give details - attach additional sheet if necessary)
5. What is the total **business** indebtedness for this license/location excluding the lease? \$ \_\_\_\_\_  
 Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

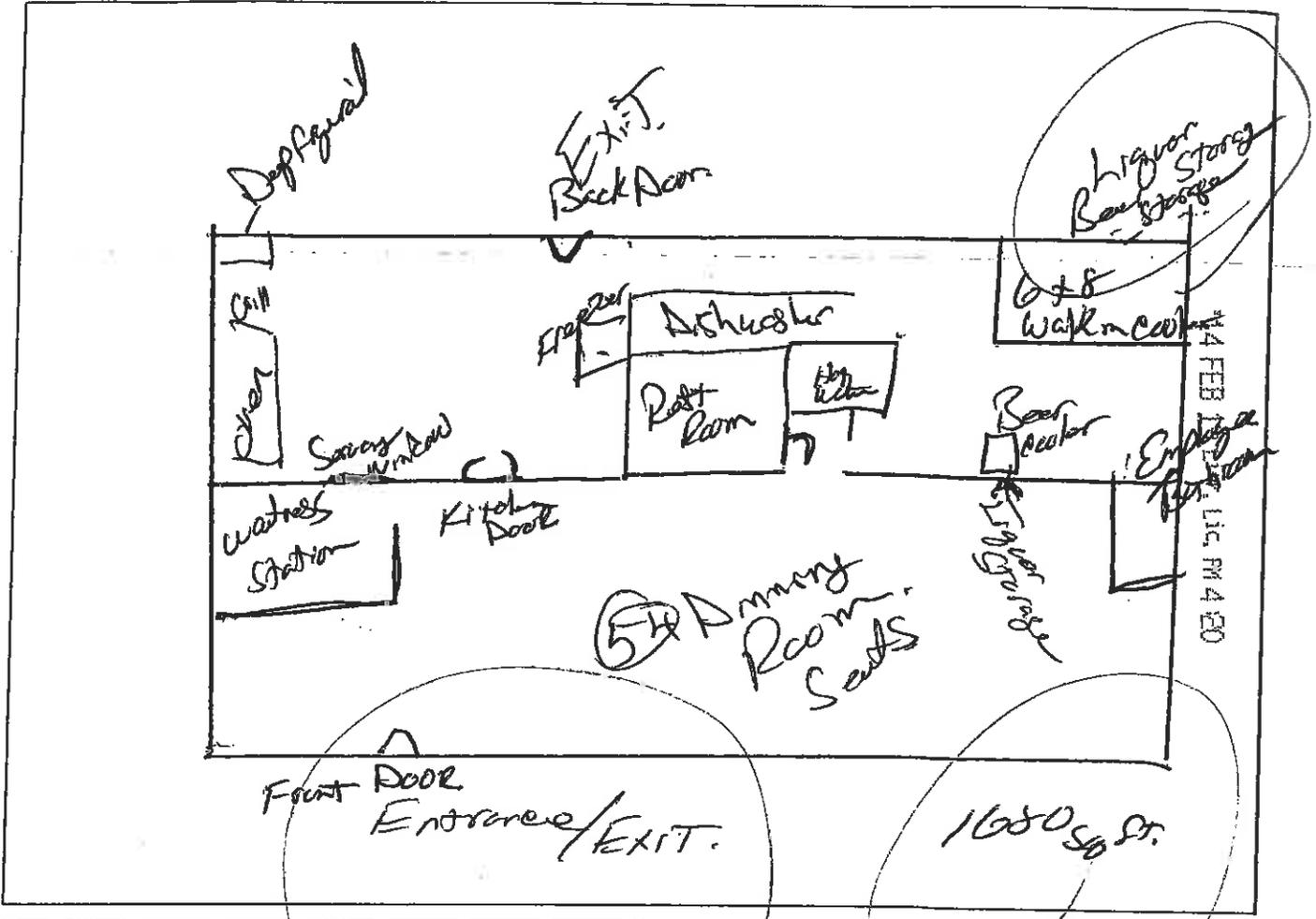
(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Restaurant

**SECTION 15 Diagram of Premises**

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.



**SECTION 16 Signature Block**

I, Maria I Willey, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

Maria I Willey  
(signature of applicant listed in Section 4, Question 1)

State of AZ County of Maricopa

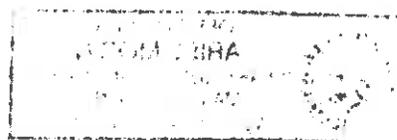
The foregoing instrument was acknowledged before me this

4th of February, 2014  
Day Month Year  
Ariel Morin  
signature of NOTARY PUBLIC



My commission expires on

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**CITY OF WILLCOX  
Request for Council Action**

Agenda Item: 10  
Tab Number: 3  
Date: 4-3-2014

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**Date Submitted:**  
March 24, 2014  
**Date Requested:**  
April 03, 2014

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**Action:**  
 Resolution  
 Ordinance  
 Formal  
 Other

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**Subject: Street  
closure a Wine  
Festival.**

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**To: Honorable Mayor and City Council**

**From:** John Bowen, Director of Public Services & Works

**Discussion:** The Willcox Chamber of Commerce and Agriculture is holding a Wine Festival at Railroad Park on May 17 and 18, 2014. The Willcox Chamber of Commerce and Agriculture is requesting a street closure from Stewart to Maley along Railroad Ave. The street will need to be closed from 7:00 a.m. until 6:00 p.m. on both days.

**Recommendation:** Mayor and Council approve the street closure

**Fiscal Impact:** \$0.00

Prepared By: Kate Schwartz  
Kate Schwartz, Public Services and Works

Approved By: John Bowen  
John Bowen, Public Services and Works Director

Approved By: Ted Soltis  
Ted Soltis, City Manager



# Street Closure Request Form

Name of Applicant

Willcox Chamber of Commerce & AG

Date of Request

3/20/2014

Address

1500 N Circle Is Rd

Phone Number

520-394-2272

Event or Event Sponsor for Street Closure

Willcox Wine Festival

Date(s) Requested for Street Closure

May 17 & 18, 2014

Times for Street Closure

7am - 6pm

Street(s) to be closed -- Beginning and ending points.

Railroad Ave From Railroad Ave & Stewart To Railroad Ave and Maley St

The applicant understands that a certificate of liability insurance for \$1,000,000 naming the City of Willcox as additionally insured must be supplied with this application in order for the request to be fully executed and processed. Additionally, the City of Willcox requests that all adjacent property owners be notified of the intent to close the street and offered an opportunity to make comments to the Mayor and City Council. Comments may be submitted to the City Clerk prior to the council meeting or may be stated in the public meeting.

  
Applicant Signature

3/20/2014  
Date

  
Received By

3/20/14  
Date

PETITION TO CLOSE RAILROAD AVENUE

ON May 17 & 18  
DATE

FROM 0700 TO 6pm  
START TIME END TIME

FOR THE PURPOSE OF wine festival  
EVENT

REX ALLEN MUSEUM, OK TO CLOSE Clay's Olsen

WILCOX HISTORIC THEATER, OK TO CLOSE Gary Olson

RODNEY'S, OK TO CLOSE Patty C. Olson

FLYING LEAP, OK TO CLOSE [Signature]

OLD WEST MERCANTILE, OK TO CLOSE Shear Downey

FRIENDS OF MARTY ROBBINS, OK TO CLOSE Juanita Buckley

KEELING SCHAEFER, OK TO CLOSE [Signature]

GALLERY 94, OK TO CLOSE Cheryl Gray

~~BIG TX, OK TO CLOSE~~

Willcox Commercial OK Patty Seidel

**CITY OF WILLCOX  
Request for Council Action**

Agenda Item: 11  
Tab Number: 4  
Date: 4-3-2014

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**Date Submitted:**  
March 24, 2014  
**Date Requested:**  
April 03, 2014

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**Action:**  
 Resolution  
 Ordinance  
 Formal  
 Other

---

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**Subject: Street  
closure for  
Willcox Rod and  
Classic Car Show**

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**To: Honorable Mayor and City Council**

**From:** John Bowen, Director of Public Services & Works

**Discussion:** The Rex Allen Museum is holding a Willcox Rod and Classic Car Show on May 24, 2014. The Rex Allen Museum is requesting a street closure from Stewart to Maley along Railroad Ave. The street will need to be closed from 6:00 a.m. until 5:00 p.m.

**Recommendation:** Mayor and Council approve the street closure

**Fiscal Impact:** \$0.00

Prepared By: Kate Schwartz  
Kate Schwartz, Public Services and Works

Approved By: John Bowen  
John Bowen, Public Services and Works Director

Approved By: Ted Soltis  
Ted Soltis, City Manager



# Street Closure Request Form

Name of Applicant

Michelle Mullins

Date of Request

May 24th 2014

Address

4332 E Shelby Pl. Willcox AZ  
85643

Phone Number

520 507 2468

Event or Event Sponsor for Street Closure

Willcox Rod + Classic Car Show - Rex Allen  
Museum

Date(s) Requested for Street Closure

5-24-2014

Times for Street Closure

6am - 5pm

Street(s) to be closed - Beginning and ending points.

Stewart to Maley (Railroad Ave)

The applicant understands that a certificate of liability insurance for \$1,000,000 naming the City of Willcox as additionally insured must be supplied with this application in order for the request to be fully executed and processed. Additionally, the City of Willcox requests that all adjacent property owners be notified of the intent to close the street and offered an opportunity to make comments to the Mayor and City Council. Comments may be submitted to the City Clerk prior to the council meeting or may be stated in the public meeting.

Applicant Signature

Date

Received By

Date

PETITION TO CLOSE RAILROAD AVENUE

ON May 24<sup>th</sup>, 2014  
DATE

FROM 6:00 am TO 5:00 pm  
START TIME END TIME

FOR THE PURPOSE OF 8<sup>th</sup> annual Car Show  
EVENT

REX ALLEN MUSEUM, OK TO CLOSE W.W. Allen

WILLCOX HISTORIC THEATER, OK TO CLOSE Gary Clement

RODNEY'S, OK TO CLOSE Roby E. Brown

FLYING LEAP, OK TO CLOSE M.H.

OLD WEST MERCANTILE, OK TO CLOSE Shea Browney

FRIENDS OF MARTY ROBBINS, OK TO CLOSE Janita Buckley

KEELING SCHAEFER, OK TO CLOSE John Schaefer

GALLERY 94, OK TO CLOSE Charles

~~BIG TR, OK TO CLOSE~~

**CITY OF WILLCOX**  
**Request for Council Action**

Agenda Item: 12  
Tab Number: 5  
Date: 4-3-2014

<b>Date Submitted:</b> March 17, 2014	<b>Action:</b> <input type="checkbox"/> Resolution <input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Formal <input type="checkbox"/> Other	<b>Subject:</b> Purchase of 4 x 4 crew cab truck on Mojave State Contract
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**To:** Honorable Mayor and City Council

**From:** John Bowen, Public Services and Works Director

**Discussion:** The City of Willcox owns and monitors approximately five (5) miles of natural gas main from the Kinder Morgan Tap (formally El Paso) to the City's gas regulator station. The single natural gas feed to the City is mandated by Federal Pipeline Safety Code CFR 49, 192.613 Continuing Surveillance and 192.721 Distribution System: Patrolling to monitor the line for any abnormal operating conditions and damage that may have occurred by humans or an act of nature. Due to the rough, sandy and severe terrain, a 4 wheel drive is necessary. The currently utilized 4 x 4 was purchased used approximately 10 years ago and has been having mechanical problems, thus becoming less reliable even with repairs.

The new 4 x 4 crew cab truck will also serve as a travel and training vehicle as the Directors Ford Crown Victoria car is mechanically unreliable for out of town trips. The crew cab would allow up to five (5) persons to travel together for training.

**Recommendation:**

Purchase a 2014 4 x 4 crew cab truck on the Mojave State Contract.

**Fiscal Impact:**

\$27,715.90 Capital Purchase split between gas, water and sewer budgets (2013/2014 budgeted item)

Prepared By: Frank Bracamonte  
Frank (Ponch) Bracamonte, Utilities Supervisor

Approved By: Ted Soltis  
Ted Soltis, City Manager



**Government Fleet Sales Managers**

Dave Harris	(623) 930-5961	<a href="mailto:dharris@sandersonford.com">dharris@sandersonford.com</a>
Richard Fowler	(623) 930-5962	<a href="mailto:rfowler@sandersonford.com">rfowler@sandersonford.com</a>
Tony Friedley	(623) 930-5963	<a href="mailto:tfriedley@sandersonford.com">tfriedley@sandersonford.com</a>
Bob Allen	(623) 930-5960	<a href="mailto:ballen@sandersonford.com">ballen@sandersonford.com</a>
Tim McWilliams	(623)842-8808	<a href="mailto:tmac@sandersonford.com">tmac@sandersonford.com</a>

**Department Fax: (623) 930-5966**

**Date:** 3/13/2014 revised 3-14

**Customer:** City of Wilcox

**FAX:** \_\_\_\_\_

**Vehicle Description:** 2014 Ford F250 XL Crew Cab 4x4 short wheel base

\*\*\*### STATE of AZ Contract 09U-SAND-0216 (10,000 lbs. GVWR)

**Base Price:** \$24,456.00

**Upgrade Options:**

1.	<u>6.2L V8 Flex Fuel capable w/ automatic trans</u>	<u>standard</u>
2.	<u>LT245 BSW A/S tires</u>	<u>standard</u>
3.	<u>Air Conditioning</u>	<u>standard</u>
4.	<u>AM / FM radio</u>	<u>standard</u>
5.	<u>Trailer Tow Pkg. (hitch/ plug/ trailer tow mirrors)</u>	<u>standard</u>
6.	<u>Manual window / locks / mirrors</u>	<u>standard</u>
7.	<u>Cruise Control 525</u>	<u>\$200.00</u>
8.	<u>Skid Plates 41F</u>	<u>\$85.00</u>
9.	<u>3.73 Electronic Locking rear differential X3E</u>	<u>\$333.00</u>
10.	<u>Molded Black Poly Running Boards 18B</u>	<u>\$316.00</u>
11.	<u>delivery to Wilcox</u>	<u>\$150.00</u>
12.	<u>60-90 day lead time</u>	

**Upgrade Options Total:** \$1,084.00

**Bid Price (w/options):** \$25,540.00

**Sales Tax (8.5%):** \$2,170.90

**Tire Tax:** \$5.00

**Ford Extended Service Plan:** \_\_\_\_\_

**Total Delivered Price:** \$27,715.90

**CITY OF WILLCOX  
Request for Council Action**

Agenda Item: 13  
Tab Number: 6  
Date: 4-3-2014

**Date Submitted:**  
March 28, 2014  
**Date Requested:**  
April 3, 2014

**Action:**  
 Resolution  
 Ordinance  
 Formal  
 Other

**Request for approval to  
purchase 2015 Chevrolet  
Tahoe CC15706 Police  
Package vehicle for the  
Willcox Dept of Public Safety**

**To:** Honorable Mayor and City Council  
**From:** Glenn Childers, Public Safety Director

**Discussion:** The Willcox Department of Public Safety is requesting Council approval to purchase a 2015 Chevrolet Tahoe Police Package vehicle for FY 13-14 Capital Purchase for the Willcox Police Department patrol fleet. This vehicle purchase is necessary for the continuation of the vehicle rotation of police vehicles which have met and/or extended their life span of 10 years as a fully operational police package vehicle.

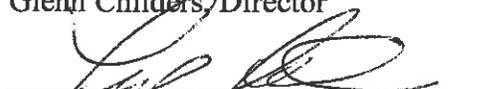
**Recommendation:** To approve the purchase for the 2015 CC15706 Tahoe Police Package Vehicle from the lowest competitive bid received from Orielly Chevrolet of Tucson, AZ.

**Motion:**

<b>Fiscal Impact:</b>	FY 13-14 Approved Budget	\$48,000.00	
	CAPITAL PURCHASE	\$43,961.28	10-425-9901

Prepared By: Penney L. Bell, Administrative Assistant

  
Glenn Childers, Director

  
Ted Soltis, City Manager

WDPS FY 13-14  
CAPITAL PURCHASE



**2015 CHEVROLET TAHOE CC15706 2WD 4dr POLICE VEHICLE**

<b>MIDWAY CHEVROLET</b>	<b>PHOENIX, AZ</b>
PURCHASE PRICE	\$ 41,174.30
SALES TAX (8.3%)	\$ 3,417.47
AEP	\$ 11,289.30
<b>TOTAL</b>	<b>\$ 55,881.07</b>

<b>KEMPTON CHEVROLET</b>	<b>SAFFORD, AZ</b>
PURCHASE PRICE	\$ 31,928.00
SALES TAX (8.1%)	\$ 2,586.17
AEP	\$ 11,289.30
<b>TOTAL</b>	<b>\$ 45,803.47</b>

<b>ORIELLY CHEVROLET</b>	<b>TUCSON, AZ</b>
PURCHASE PRICE	\$ 30,223.85
SALES TAX (8.1%)	\$ 2,448.13
AEP	\$ 11,289.30
<b>TOTAL</b>	<b>\$ 43,961.28</b>

<b>LAWLEY MOTORS</b>	<b>SIERRA VISTA, AZ</b>
----------------------	-------------------------

UNABLE TO PROVIDE PRICING

# Proclamation

TAB 7

WHERE AS, there are over 83 million dogs and 95 million cats living as household pets and companions in the United States, and

WHERE AS, some pet owners have not fulfilled their duties to their pets by allowing them to run loose and unsupervised or allowed indiscriminate breeding by not having their pets spayed or neutered, which causes a threat to public health and safety and contributes to pet overpopulation, and

WHERE AS, some pets are physically abused by their owners, whether directly or by negligence, and

WHERE AS, Animal Control Officers help both people and animals by returning lost pets to their owners, enforcing animal control laws, rescuing injured animals, educating the public, investigating reports of animal abuse, and hosting registration and vaccination clinics, and

WHERE AS, the Willcox Animal Shelter acts as a safe haven for over 450 lost, homeless, or abused animals each year, providing them with comfort and care, and

WHERE AS, Animal Control Officers help to find new homes for animals by matching them with good families or by working with animal rescue groups, sometimes coordinating transportation efforts with volunteers to help an animal travel thousands of miles across the country to its new "forever home", and

WHERE AS, the National Animal Control Association has designated the second week of April each year as National Animal Control Officer Appreciation Week;

NOW, THEREFORE, I Robert Irvin, Mayor of the City of Willcox, Cochise County, Arizona, now call upon all citizens of the City of Willcox and upon all patriotic, civic, and educational organizations to observe the week of April 13 through April 19, 2014 as

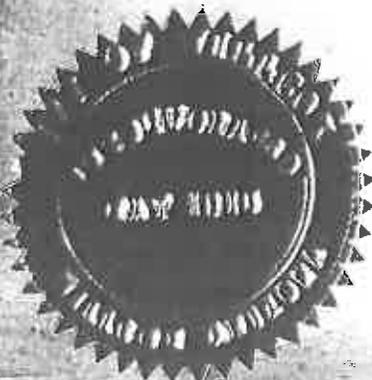
## "Animal Control Officer Appreciation Week"

In recognition of the Willcox Department of Public Safety's Animal Control Officers, and I encourage all citizens to join me in recognizing and expressing our sincere appreciation to the staff of the City of Willcox's Humane Division for the many dedicated and long hours of service that they perform in serving the Willcox Community, including its four legged citizens, every day of the year.

*In witness whereof, I have hereunto set my hand and caused the Seal of the City of Willcox to be affixed this 3<sup>rd</sup> day of April 2014*

*Robert A. Irvin*  
Mayor Robert A. Irvin

Attest: *Virginia A. Maffia*  
City Clerk Virginia A. Maffia



"Mine, Yours, Ours"

# Proclamation

## National Library Week 2014

*WHEREAS, libraries help lives change in their communities, campuses and schools;*

*WHEREAS, librarians work to meet the changing needs of their communities including providing resources for everyone and bringing services outside of library walls;*

*WHEREAS, libraries and librarians bring together community members to enrich and shape the community and address local issues;*

*WHEREAS, librarians are trained, tech-savvy professionals, providing technology training and access to downloadable content like e-books;*

*WHEREAS, libraries offer programs to meet community needs, providing residents with resume writing classes, 24/7 homework help and financial planning services to teens applying for student loans to older adults planning their retirement;*

*WHEREAS, libraries continuously grow and evolve in how they provide for the needs of every member of their communities;*

*WHEREAS, libraries, librarians, library workers and supporters across America are celebrating National Library Week.*

*NOW, THEREFORE, be it resolved that I Robert A. Irvin, Mayor proclaim National Library Week, April 13-19, 2014. I encourage all residents to visit the library this week to take advantage of the wonderful library resources available at Elsie S. Hogan Community Library. Lives change at Elsie S. Hogan Community Library.*

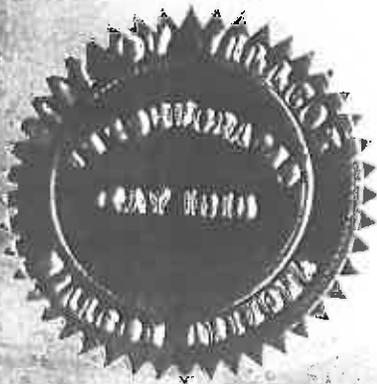
Dated this 3<sup>rd</sup> day of April, 2014

*Robert A. Irvin*

Mayor Robert A. Irvin

Attest:

*Virginia A. Mefford*  
Virginia A. Mefford



# Proclamation

*Whereas; the entire community can inspire, equip and mobilize people to take action that changes the world; and*

*Whereas; Volunteers can connect with the local community service opportunities through hundreds of community service organizations; and*

*Whereas; individuals and communities are at the center of social changes, discovering their power to make a difference; and*

*Whereas; during this week all over the nation, service projects will be performed and volunteers recognized for their commitments to service; and*

*Whereas; the giving of oneself in service to another empowers the giver and the recipient; and*

*Whereas; experience teaches us that government by itself cannot solve all of our nation's social problems; and*

*Whereas; our country's volunteer force of more than 63 million is a great treasure; and*

*NOW, THEREFORE, I, Robert A. Irvin, Mayor of the City of Willcox, do hereby proclaim April 6-12, 2014 as*

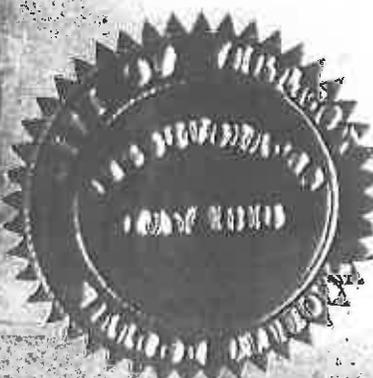
## **NATIONAL VOLUNTEER WEEK**

*In Willcox, Arizona and urge my fellow citizens to volunteer in their respective communities. By volunteering and recognizing those who serve, we can come together to make a difference. .*

*In witness whereof, I have hereunto set my hand and caused the Seal of the City of Willcox to be affixed this 3<sup>rd</sup> day of April 2014*

*Robert A. Irvin*  
\_\_\_\_\_  
Mayor Robert A. Irvin

Attest: *Virginia A. Mefford*  
\_\_\_\_\_  
City Clerk, Virginia A. Mefford



**"Mine, Yours, Ours"**

# Proclamation

WHERE AS, emergencies occur at any time, day or night, and on any day of the year that require the prompt response by law enforcement, fire, and emergency medical service that is critical to the protection of life and preservation of property, and

WHERE AS, the Public Safety Dispatchers are the first and most critical contact that a person experiencing an emergency will have, and

Where AS, the law enforcement officers, firefighters, and emergency medical personnel in the Willcox area depend on the quality and timeliness of information from the Willcox Department of Public Safety's Communications division, requiring each Dispatcher to remain calm and continue to perform their duties during times of incredible stress, and

WHERE AS, the Public Safety Dispatchers provide the single vital link for our law enforcement officers, firefighters, and emergency medical personnel by monitoring their radio activity, providing them with information, and ensuring their safety and ability to perform their duties, and

WHERE AS, in addition to the emergency calls, the Willcox Department of Public Safety's Communications Division also serves the community by handling over 8000 non-emergency calls for service to the public each year that are just as important to those people requesting assistance, and

WHERE AS, it has been resolved by the Senate and House of Representatives of the United States of America in Congress assembled, that the second week in April is designated as "National Public Safety Telecommunicators Week";

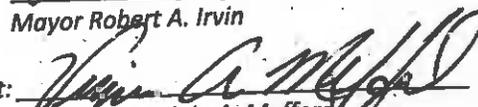
NOW, THEREFORE, I Robert Irvin, Mayor of the City of Willcox, Cochise County, Arizona, now call upon all citizens of the City of Willcox and upon all patriotic, civic, and educational organizations to observe the week of April 13 through April 19, 2014 as

## "Public Safety Telecommunicators Week"

In recognition of the men and women of the Willcox Department of Public Safety's Communications Division, whose professionalism and selfless dedication to duty to keep Willcox safe, furthermore I, Robert A. Irvin, Mayor of the City of Willcox urge all citizens to recognize Public Safety Dispatchers and the sacrifices that they make every day to help better the quality of life enjoyed by the citizens who live here as well as the visitors who travel through our community.

In witness whereof, I have hereunto set my hand and caused the Seal of the City of Willcox to be affixed this 3<sup>rd</sup> day of April 2014

  
Mayor Robert A. Irvin

Attest:   
City Clerk, Virginia A. Mefford

"Mine, Yours, Ours"

