

State of Arizona
Department of Liquor Licenses and Control

Created 02/02/2026 @ 02:51:29 PM

Local Governing Body Report

LICENSE

Number:		Type:	013 FARM WINERY
Name:	TWISTED WHISKER RANCH VINEYARD		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	5922 E HIGHWAY 80 BISBEE, AZ 85603 USA		
Mailing Address:	5922 E HIGHWAY 80 BISBEE, AZ 85603 USA		
Phone:	(602)330-6591		
Alt. Phone:			
Email:	TWRVINEYARD@GMAIL.COM		

AGENT

Name:	JESSICA LYNN DUCHARME
Gender:	Female
Correspondence Address:	5922 E HIGHWAY 80 BISBEE, AZ 85603 USA
Phone:	(602)330-6591
Alt. Phone:	
Email:	TWRVINEYARD@GMAIL.COM

OWNER

Name:	TWISTED WHISKER RANCH LLC		
Contact Name:	JESSICA LYNN DUCHARME		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L21795845	State of Incorporation:	AZ
Incorporation Date:	04/20/2017		
Correspondence Address:	5922 E HIGHWAY 80 BISBEE, AZ 85603 USA		
Phone:	(602)330-6591		
Alt. Phone:			
Email:	TWRVINEYARD@GMAIL.COM		

both day
04-03-2026

Officers / Stockholders

Name:	Title:	% Interest:
JESSICA LYNN DUCHARME	Member	33.34
RONALD LEROY CARR II	Member	33.33
AMANDA FAITH RILEY	Member	33.33

TWISTED WHISKER RANCH LLC - Member

Name: RONALD LEROY CARR II
 Gender: Male
 Correspondence Address: 5922 E HIGHWAY 80
 BISBEE, AZ 85603
 USA
 Phone: (520)366-1480
 Alt. Phone:
 Email: TWRVINEYARD@GMAIL.COM

TWISTED WHISKER RANCH LLC - Member

Name: JESSICA LYNN DUCHARME
 Gender: Female
 Correspondence Address: 5922 E HIGHWAY 80
 BISBEE, AZ 85603
 USA
 Phone: (602)330-6591
 Alt. Phone:
 Email: TWRVINEYARD@GMAIL.COM

TWISTED WHISKER RANCH LLC - Member

Name: AMANDA FAITH RILEY
 Gender: Female
 Correspondence Address: 5922 E HIGHWAY 80
 BISBEE, AZ 85603
 USA
 Phone: (928)266-2876
 Alt. Phone:
 Email: TWRVINEYARD@GMAIL.COM

MANAGERS

Name: AMANDA FAITH RILEY
 Gender: Female
 Correspondence Address: 5922 E HIGHWAY 80
 BISBEE, AZ 85603
 USA
 Phone: (928)266-2876
 Alt. Phone:
 Email: TWRVINEYARD@GMAIL.COM

Name: JESSICA LYNN DUCHARME
Gender: Female
Correspondence Address: 5922 E HIGHWAY 80
BISBEE, AZ 85603
USA
Phone: (602)330-6591
Alt. Phone:
Email: TWRVINEYARD@GMAIL.COM

Name: RONALD LEROY CARR II
Gender: Male
Correspondence Address: 5922 E HIGHWAY 80
BISBEE, AZ 85603
USA
Phone: (520)366-1480
Alt. Phone:
Email: TWRVINEYARD@GMAIL.COM

APPLICATION INFORMATION

Application Number: 351118
Application Type: New Application
Created Date: 06/15/2025

QUESTIONS & ANSWERS

013 Farm Winery

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
Property Owner
- 3) Is there a penalty if lease is not fulfilled?
No
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County, or Tribal/Indian Community is this business located??
Cochise County
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
None

- 6) Are there walk-up or drive-through windows on the premises?
No
- 7) Does the establishment have a patio?
No
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
DIAGRAM/FLOOR PLAN	TWR Vineyard diagram satellite.docx	01/17/2026
DIAGRAM/FLOOR PLAN	Winery and Storage Building Diagram.pdf	01/17/2026
DIAGRAM/FLOOR PLAN	Wine tasting area diagram.pdf	01/17/2026
DIAGRAM/FLOOR PLAN	Gate to tasting area photo.docx	01/17/2026
DIAGRAM/FLOOR PLAN	Tasting room area photo.docx	01/17/2026
MISCELLANEOUS	Amanda Title 4 Basic and Management.pdf	01/17/2026
MISCELLANEOUS	Jessica Title 4 Basic and Management.pdf	01/17/2026
MISCELLANEOUS	Ron Title 4 Basic and Management.pdf	01/17/2026
ALIEN STATUS	Amanda Alien Status with License.pdf	01/18/2026
ALIEN STATUS	Jessica Alien Status with License.pdf	01/18/2026
ALIEN STATUS	Ron Alien Status with License.pdf	01/18/2026
QUESTIONNAIRE	Amanda Quest with Sig.pdf	01/18/2026
QUESTIONNAIRE	Jessica Quest with Sig.pdf	01/18/2026
QUESTIONNAIRE	Ron Quest with Sig.pdf	01/18/2026

WINERY AND STORAGE BUILDING

LOCKING WINDOW

25'

14'

BONDED

BONDED

TAX PAID STORAGE

LOCKING GARAGE DOOR

8'

LOCKING 3' DOOR

LOCKING WINDOW

25'

DISTANCE TO CLOSEST SCHOOL = 4.5 MILES

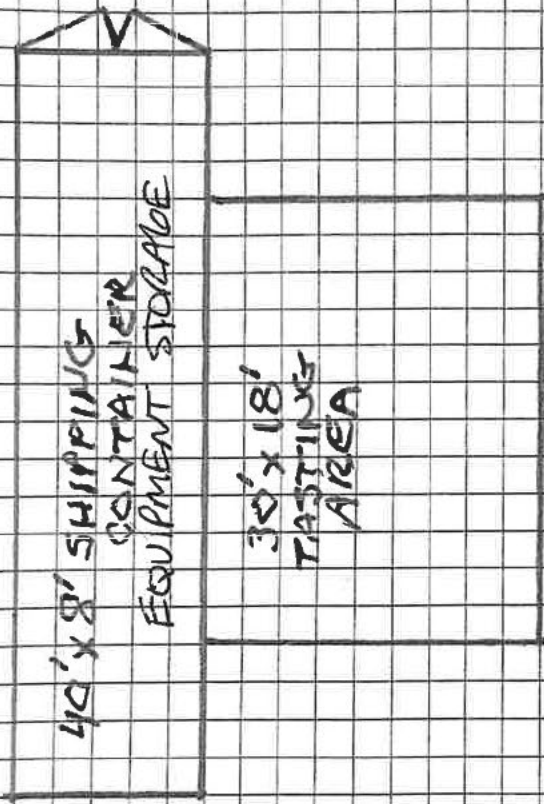
BWN-AZ-2122
SOMES 13 FARM WINERY
TWISTED WITH STEEL RANCH
VINEYARD

5922 E HIGHWAY 80, BISBEE, AZ 85603



25 1 20 L197, Dept PM 1 245

30



BWN-AZ-21122

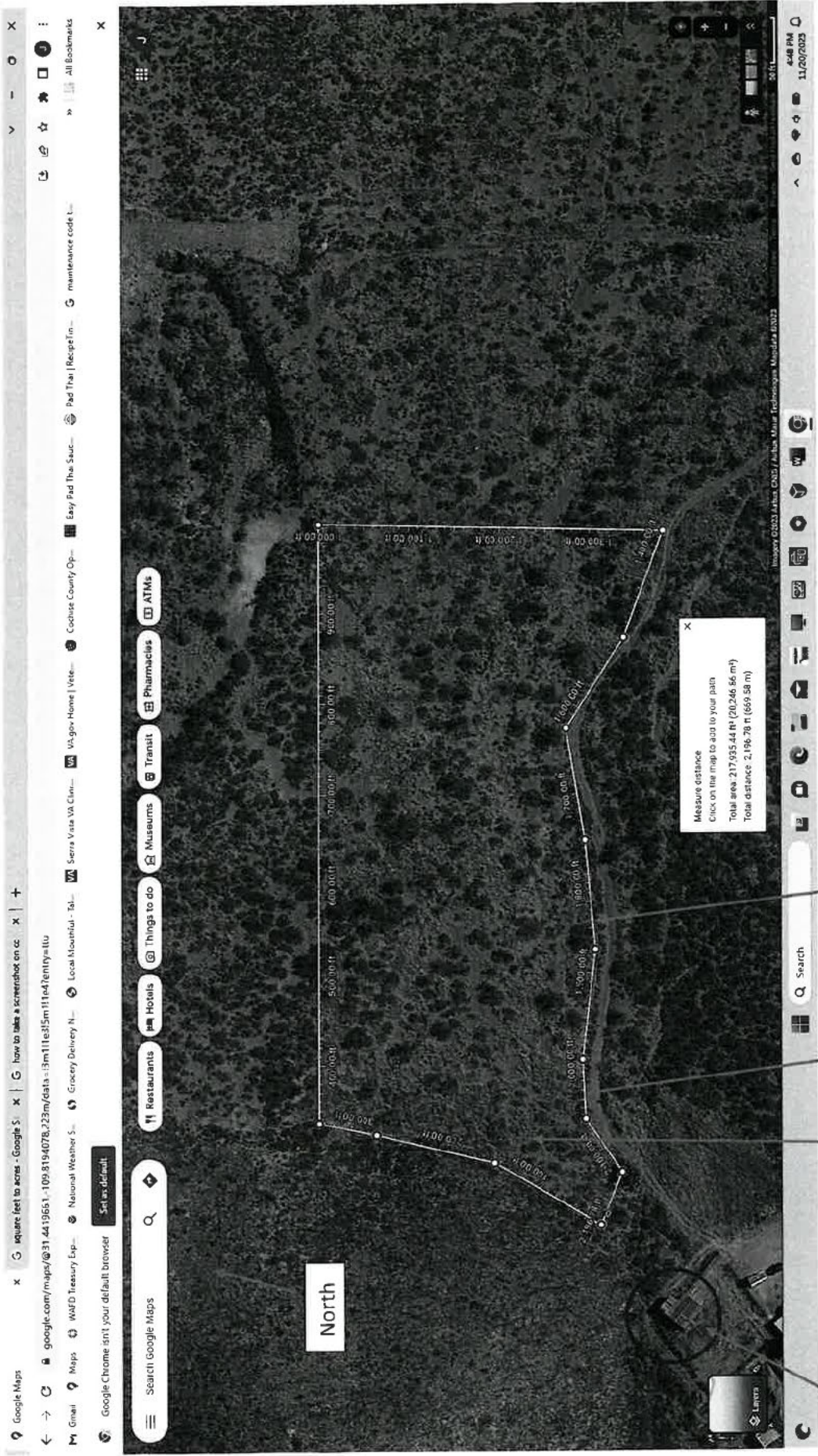
SEAS 13 FARM WINERY



TWISTED WHISKER RANCH VINEYARD
5922 E. HIGHWAY 80 BISBEE, AZ
85603

BWN-AZ-21122
Series 13 Farm Winery License
Twisted Whisker Ranch Vineyard
5922 E Highway 80 Bisbee, AZ 85603

26 1 20 Ltr. DEPT PM 1 45



Fence around vineyard ~ 300x25.

Gate

Wine tasting area next to equipment storage container

Winery and storage building

total 54.5 acres

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

Name of persons who will be handling the day to day operations: Jessica Ducharme, Ronald Carr II, Amanda Riley

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) A.R.S. §4-202, 4-210 Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

SIGNATURE

I, (Print Full Name) Jessica Ducharme hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature:  Date: 1/29/2026



Arizona Department of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

Job #:	351118
Date Accepted:	02-02-2024
LC:	SG
License #:	

ALIEN STATUS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrant, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I - APPLICANT INFORMATION

APPLICANT NAME (Print or type) ^{Lynn} Jessica Ducharme

SECTION II - CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States? Yes No - If yes, indicate place of birth:

City Orange State California COUNTRY USA

If you answered Yes, 1) Attach a legible copy of a document from the list below.

2) Name of document: Driver's License

If you answered No, you must complete Sections III.

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification card.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after Jan. 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

SECTION III – QUALIFIED ALIEN

Applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status.

Name of document provided

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- 2. An alien who is granted asylum under Section 208 of the INA.
- 3. A refugee admitted to the United States under Section 207 of the INA.
- 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- 7. An alien who is a Cuban/Haitian entrant.
- 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Non-immigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

- 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

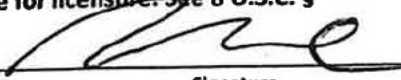
Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

- 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia. 48 U.S.C. § 1901 et seq.];
- 13. A foreign national not physically present in the United States.
- 14. **Otherwise Lawfully Present**
- 15. A person not described in categories 1-13 who is otherwise lawfully present in the United States.

PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. §

Jessica Ducharme

Print Name



Signature

1/29/2026

Date

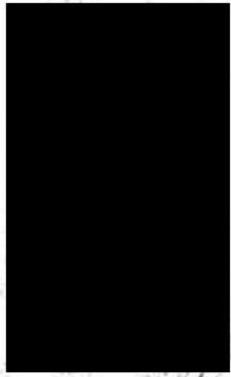


ARIZONA U
The Grand Canyon State A

DRIVER LICENSE



Jessica Lynn Ducharme



4d DLN

4b EXP

4a ISS 05/19/2025

3 DOB

1 DUCHARME

2 JESSICA
LYNN

8 5922 E HIGHWAY 80
BISBEE, AZ 85603-6001

15 SEX F 16 HGT 5'-08" 18 EYES HAZ 17 WGT 115 lb

9 CLASS D 9a ENDORSEMENTS NONE

12 RESTRICTIONS NONE

5 DD: 02890006AD083705



07/30/76

*26 1 20 Licr. Beet PH 145

Certificate # 854234

126 1 20 Licr. Dept PM 145

Certificate of Completion
For
Title 4 **BASIC** Liquor Law Training

<input type="checkbox"/>	On-sale
<input type="checkbox"/>	Off-sale
<input checked="" type="checkbox"/>	On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Jessica Ducharme

Full Name (please print)



Signature

12-28-2025

Training Completion Date

12-27-2028

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name


P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete
Instructor Name (please print)
 Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).



Instructor Signature

28 / 12 / 2025

Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
 2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
 Conveyance (series 8)
 Restaurant (series 12)

Government (series 5)
 Liquor Store (series 9)
 In-state Farm Winery (series 13)

Bar (series 6)
 Private Club (series 14)

Beer & Wine Bar (series 7)
 Hotel/Motel w/restaurant (series 11)
 Beer & Wine Store (series 10)

Liquor license applications (initial and renewal) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

The questionnaire (which designates a manager to a location) and the agent change form (which assigns a new agent to active liquor licenses) are not complete until valid Certificates of Completion for all required persons have been submitted to the Department of Liquor.

Certificate # 854234

26 1 20 Liq. Dept PM 1:45

Certificate of Completion
For
Title 4 **MANAGEMENT** Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

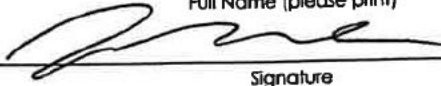
Basic Title 4 training is a prerequisite for MANAGEMENT Title 4 training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Jessica Ducharme

Full Name (please print)



Signature

12-28-2025

Training Completion Date

12-27-2028

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 **MANAGEMENT** Training in accordance with A.R.S. § 4-112(G)(2) and Arizona Administrative Code (A.A.C.) R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).



Instructor Signature

28 / 12 / 2025

Day Mo Year

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In-state Microbrewery (series 3)
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July 11, 2013



FINGERPRINT VERIFICATION FORM

Arizona Department of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY

Job#:	351118
Date Accepted:	02-02-2026
CSR:	SG

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	Name of Applicant:	
12/23/25	Jessica Ducharme	
Name of Fingerprint Technician:		
Victoria Sandoval		
Fingerprint technician's Signature:		
Fingerprint technician's Agency/company Name:	Phone Number:	
Cochise County Sheriff's Office	(520)432-7540	
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)



7:26 1 30 Lic. Dept RM 7:50

DLLC USE ONLY

Job #:	351118
Date Accepted:	02-02-2026
LC:	SG
License #	

Personal Information Questionnaire

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, **MUST** INCLUDE THE FINGERPRINT VERIFICATION FORM. **MUST** BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: Riley, Amanda
Last: _____ First: _____ Middle: _____
- Social Security #: _____ Birth Date: _____
(NOT a public record) (NOT a public record)
- Driver's License #: _____ State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: 03 / 03 / 2017
- Email address: twrvineyard@gmail.com
- Home Address: 5922 E Highway 80 Bisbee, AZ 85603
- Daytime phone #: 928-266-2876 Alternative phone #: N/A

SECTION 2 - LICENSED BUSINESS INFORMATION

- License Number: AZ-W-21130
- Business Name (doing business as): Twisted Whisker Ranch Vineyard
- Business Address: 5922 E Highway 80 Bisbee, AZ 85603

*26 1 30 Liq. Dept RM 7:50

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

Name of persons who will be handling the day to day operations: Jessica Ducharme, Ronald Carr II, Amanda Riley

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 **YOU MUST** attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? *A.R.S. §4-202(D)* Yes No
4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210* Yes No
5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

SIGNATURE

I, (Print Full Name) Amanda Riley hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: *Amanda Riley* Date: 1/29/2026

Certificate #855257

26 1 20 Lic. Dept PW 145

Certificate of Completion
For
Title 4 BASIC Liquor Law Training

On-sale
Off-sale
On- and off-sale

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A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Amanda Riley

Full Name (please print)

Signature

01-03-2026

Training Completion Date

01-02-2029

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete Title 4 BASIC Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Robert Graham
Instructor Signature

03 / 01 / 2026
Day Mo Year

Persons required to complete BASIC & MANAGEMENT Title 4 training: 1) owner(s) actively involved in the daily business operations of a liquor-licensed business of a series listed below
2) licensees, agents and managers actively involved in the daily business operations of a liquor-licensed business of a series listed below

In-state Microbrewery (series 3)
Conveyance (series 8)
Restaurant (series 12)

Government (series 5)
Liquor Store (series 9)
In-state Farm Winery (series 13)

Bar (series 6)
Private Club (series 14)

Beer & Wine Bar (series 7)
Hotel/Motel w/restaurant (series 11)
Beer & Wine Store (series 10)

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Certificate #855257

26 1 20 Liq. Dept PM 1:45

Certificate of Completion
For
Title 4 MANAGEMENT Liquor Law Training

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.

Basic Title 4 Training is a prerequisite for MANAGEMENT Title 4 Training. A valid Certificate of Completion for BASIC Title 4 training must be on file at the Department of Liquor and satisfactory completion of a State-approved BASIC Title 4 course must be verified by the training provider prior to issuing a Certificate of Completion for MANAGEMENT Title 4 training.

A replacement Certificate of Completion for Title 4 Training must be available through the training provider for two years after the training completion date.

Student Information

Amanda Riley

Full Name (please print)

[Handwritten Signature]

Signature

01-03-2026

Training Completion Date

01-02-2029

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

[Handwritten Signature]

Instructor Signature

03 / 01 / 2026

Day Mo Year

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FINGERPRINT VERIFICATION FORM

Arizona Department of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY

Job#:	351118
Date Accepted:	02-02-2024
CSR:	SG

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. **Please print clearly.**
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.
Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	Name of Applicant:	
12/00/25	Riley, Amanda Faith	
Name of Fingerprint Technician:		
Cruz, Armando		
Fingerprint technician's Signature:		
Fingerprint technician's Agency/company Name:		Phone Number:
Cochise County Sheriff's Office		(520) 432-7540
Type of Photo ID Provided (check one):		
<input checked="" type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (Please specify)



Arizona Department of Liquor Licenses and Control
https://www.azliquor.gov
(602) 542-5141

DLIC USE ONLY

Job #:	351118
Date Accepted:	02-02-2026
LC:	SG
License #	

Personal Information Questionnaire

ATTENTION APPLICANT: This is a legally binding document. An investigation of your background will be conducted. Incomplete applications will not be accepted. False or misleading answers may result in the denial or revocation of a license or permit and could result in criminal prosecution.

THE COMPLETED QUESTIONNAIRE NEEDS TO BE SUBMITTED TO THE DEPARTMENT ALONG WITH A \$22. FEE, AND FD-258 FINGERPRINT CARD, THAT HAS BEEN SEALED IN AN ENVELOPE, AND SIGNED OR INITIALED BY THE FINGERPRINT TECHNICIAN, **MUST** INCLUDE THE FINGERPRINT VERIFICATION FORM. **MUST** BE COMPLETED BY A RECOGNIZED FINGERPRINT SERVICE OR LAW ENFORCEMENT AGENCY.

Agent: a person who is designated by an applicant or licensee to receive communications from the department and to file and sign documents submitted to the department on behalf of the applicant or licensee. An agent is not a manager.

A.R.S. §4-202(A).

Controlling Person: person directly or indirectly possessing control of an applicant or licensee.

A.R.S. §4-101(10).

Manager: An individual (not an entity) approved by the Department of Liquor who has the authority to organize, direct, carry out, control or to otherwise operate the day-to-day operations of a liquor-licensed business.

A.R.S. §4-101(22) and A.R.S. §4-202(C)

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: Carr II, Ronald
Last: Carr First: Ronald Middle: II
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record)
- Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: 08 / 01 / 2005
- Email address: twrvineryard@gmail.com
- Home Address: 5922 E Highway 80 Bisbee, AZ 85603
- Daytime phone #: 520-366-1480 Alternative phone #: N/A

SECTION 2 - LICENSED BUSINESS INFORMATION

- License Number: AZ-W-21130
- Business Name (doing business as): Twisted Whisker Ranch Vineyard
- Business Address: 5922 E Highway 80 Bisbee, AZ 85603

26 1 30 Liq. Dept AM 7:49

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

Must attach copies of Basic and Management Title 4 training certificates for person managing the day to day operation of the licensed business.

Who is managing the day to day operations? Agent Controlling Person Manager

Name of persons who will be handling the day to day operations: Jessica Ducharme, Ronald Carr II, Amanda Riley

SECTION 4 – BACKGROUND

If you answer "YES" to any Question 1 through 5 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions. CHANGES TO QUESTIONS 1-5 MAY NOT BE ACCEPTED

- 1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No
- 2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No
- 3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? *A.R.S. §4-202(D)* Yes No
- 4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) *A.R.S. §4-202, 4-210* Yes No
- 5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

SIGNATURE

I, (Print Full Name) Ronald Carr II hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.

Signature: Rd Carr II Date: 1/29/2026

Certificate #856161

26 1 20 Ligr. Dept FM 1 44

Certificate of Completion
For
Title 4 BASIC Liquor Law Training

On-sale
Off-sale
On- and off-sale

A Certificate of Completion must be on a form provided by the Arizona Department of Liquor. Certificates are completed by a state-approved training provider and, when issued, the Certificate is signed by the course participant.
The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.
A replacement Certificate of Completion for Title 4 training must be available through the training provider for two years after the training completion date.

Student Information

Ronald Carr II

Full Name (please print)

[Handwritten Signature]

Signature

01-08-2026

Training Completion Date

01-07-2029

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete Title 4 BASIC Training in accordance with A.R.S. § 4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State-approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).

[Handwritten Signature]

Instructor Signature

08 / 01 / 2026

Day Mo Year

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July 11, 2013

Certificate # 856161

2026 1 20 Liqu. Dept Form 1-44

Certificate of Completion
For
Title 4 **MANAGEMENT** Liquor Law Training

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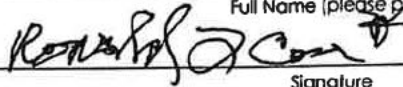
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Student Information

Ronald Carr II

Full Name (please print)



Signature

01-08-2026

Training Completion Date

01-07-2029

Certificate Expiration Date
(three years from completion date)

Training Provider Information

Professional Server Certification Corporation (PSCC)

Company Name

P.O. Box 192, Madison, South Dakota 57042

Mailing Address

1- (800) 247-7737

Daytime Contact Phone Number

I, Robert Graham, certify that the above named individual did successfully complete
Instructor Name (please print)

Title 4 MANAGEMENT Training in accordance with A.R.S. §4-112(G)(2) and Arizona Administrative Code (A.A.C.)R19-1-103 using training course content and materials approved by the Arizona Department of Liquor Licenses and Control. I understand that misuse of this Certificate of Completion can result in the revocation of State approval for the Title 4 Training Provider named in this section as provided by A.A.C. R19-1-103(E) and (F).



Instructor Signature

08 / 01 / 2026

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FINGERPRINT VERIFICATION FORM

Arizona Department of Liquor Licenses and Control
800 W. Washington St. 5th Floor Phoenix, AZ 85007
(602) 542-5141

DLLC USE ONLY

Job#:	351118
Date Accepted:	02-02-2
CSR:	SG

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

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2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
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Do not give the applicant the fingerprint card without first sealing it inside the envelope.
5. **Write applicants name on front of sealed envelope.**

PRINT the following information:

Date	12/23/25	Name of Applicant:	Ronald Carr
Name of Fingerprint Technician:			
Victoria Sandoval			
Fingerprint technician's Signature:			
Fingerprint technician's Agency/company Name:		Phone Number:	
Cochise County Sheriff's Office		(520) 432-7540	
Type of Photo ID Provided (check one):			
<input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please specify)			

DEPARTMENT OF THE TREASURY - ALCOHOL AND TOBACCO TAX AND TRADE BUREAU

BASIC PERMIT

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

AZ-W-21130

2. DATE OF PERMIT

08/29/2025

5. NAME AND ADDRESS OF PERMITTEE (Number and street, city or town, State and Zip Code)

TWISTED WHISKER RANCH, LLC

DBA:TWISTED WHISKER RANCH VINEYARD

5922 E HIGHWAY 80

BISBEE, AZ 85603

3. REGISTRY NUMBER (if applicable)

BWN-AZ-21122

4. DATE OF APPLICATION

06/15/2025



6. TRADE NAMES AUTHORIZED BY THIS PERMIT (Trade name approval does not constitute approval as a brand name for labeling purposes. If needed, list on reverse or use continuation sheet.)

See Attached

7. PERMIT GRANTED FOR (ONE TYPE OF OPERATION ONLY)

Pursuant to the application of the date indicated in item 4, you are authorized and permitted to engage, at the above address, in the business of:

- a. Distilled Spirits - distiller rectifier (processor) warehouseman and/or warehouseman and bottler and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the distilled spirits so distilled or rectified, or warehoused and bottled, or the wines so rectified,
- b. Wine - producer and blender blender and while so engaged, to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the wine so produced or blended,
- c. Importer - importing into the United States the following alcoholic beverages: while so engaged, to sell, offer to deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so imported,
- d. Wholesaler - Purchasing for resale at wholesale the following alcoholic beverages: while so engaged, to receive or to sell, offer or deliver for sale, contract to sell or ship, in interstate or foreign commerce, the alcoholic beverages so Purchased.

26 1 21 139, Dept #1814

This Permit is conditioned upon your compliance with the Federal Alcohol Administration Act; the Twenty-first Amendment and laws relating to its enforcement; all other Federal laws relating to distilled spirits, wine, and malt beverages, including taxes with respect to them; the Federal Water Pollution Control Act; and, all applicable regulations made pursuant to law which are now, or may hereafter be, in force.

This basic permit is effective from the date shown above and will remain in force until suspended, revoked, annulled, voluntarily surrendered, or automatically terminated.

THIS PERMIT WILL AUTOMATICALLY TERMINATE THIRTY DAYS AFTER ANY CHANGE IN PROPRIETORSHIP OR CONTROL OF THE BUSINESS, unless an application for a new basic permit is made by the transferee or permittee within the thirty day period. If an application for a new basic permit is timely filed, the outstanding basic permit will continue in effect until the application is acted on by the District Director, Alcohol and Tobacco Tax and Trade Bureau.

THIS PERMIT IS NOT TRANSFERABLE. ANY CHANGE IN THE TRADE NAME, CORPORATE NAME, MANAGEMENT OR ADDRESS OF THE BUSINESS COVERED BY THIS PERMIT, OR ANY CHANGE IN STOCK OWNERSHIP (MORE THAN 10%) MUST BE REPORTED TO THE NATIONAL REVENUE CENTER OR PUERTO RICO FIELD OFFICE WITHOUT DELAY.

THIS IS AN

ORIGINAL PERMIT

AMENDED PERMIT

REASON FOR AMENDMENT

DATE OF AMENDMENT

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

Vincent Scott Paul

Specialist

AUTHORIZED TRADE NAMES

*Used for Contract Bottling or Packaging/Branding Purposes 05/21/14, Dept # 814

PERMIT NUMBER: AZ-W-21130

REGISTRY NUMBER: BWN-AZ-21122

TYPE

Labeling Trade Name

TRADE NAME

Twisted Whisker Ranch Vineyard

REASON FOR AMENDMENT