

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

Fax (520) 432-5016

APPLICANT INFORMATION

Applicant Name: Jessica Lynn Ducharme Address: 5922 E. Hwy 80
Business Name: Twisted Whisker Ranch Vineyard City/Zip: Bisbee 85603
Liquor License #: _____ Parcel #: **10385002A**
Ownership Type: LLC Liquor License Special Event Liquor License
Partner(s): Ronald LeRoy Carr II, Amanda Faith Riley

TO BE COMPLETED BY THE ENVIRONMENTAL HEALTH DEPARTMENT

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

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

This facility will not be washing and reusing drinking glasses for their customers. Each customer will be given a glass to use, then take home. At this time an operating license is not required. The applicant has been informed of the need to obtain an operating license if they want to conduct food service as part of the tasting room.

OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

- The Health Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Health Department is currently working with the property owner on health-related issues with the subject property.
- The Health Department has no concerns with the liquor license request.

Name: Danny Nikitas Title: Director – Environmental Health division
Signature:  Date: 2-4-2026
Contact phone: _____ Email: _____

Return completed form with any attachments by: _____

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Business Name: Twisted Whisker Ranch Vineyard City/Zip: Bisbee, AZ 85603
Liquor License #: _____ Parcel #: 10385002A
Ownership Type: LLC Liquor License Special Event Liquor License
Ronald LeRoy Carr II, Amanda Faith
Partner(s): Riley

TO BE COMPLETED BY THE TREASURER'S OFFICE

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

Yes No

If not, please attach pertinent documentation.

Comments:

Name: Julie Anglin Title: Account Clerk II
Signature: Julie Anglin Date: 2-3-2026
Contact phone: 520-432-8416 Email: janglin@cochise.az.gov

Return completed form with any attachments by: _____

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APPLICANT INFORMATION

Applicant Name: Jessica Lynn Ducharme Address: 5922 E. Hwy 80
Business Name: Twisted Whisker Ranch Vineyard City/Zip: Bisbee, 85603
Liquor License #: _____ Parcel #: 10385002A
Ownership Type: LLC Temp Extension of Premises Special Event Liquor License
Partner(s): Robert LeRoy Carr II, Amanda Faith Riley Liquor License

TO BE COMPLETED BY THE SHERIFF'S OFFICE

Please advise if:

1. There have been a significant number of incidents at the named location within five (5) years prior to the application.

If so, please attach pertinent documentation.

Comments: No significant events in the last five (5) years.

Based on the above information, the Sheriff's Office recommendation to the Board of Supervisors is:

Approval

Disapproval

No Recommendation

Name: Joseph Gilbert #0614 Title: Sergeant
Signature: /s/jgilbert #0614 Date: 02-03-2026
Contact phone: 520-353-5639 Email: jgilbert@cochise.az.gov

Return completed form with any attachments by: _____

COCHISE COUNTY BOARD OF SUPERVISORS



Telephone (520) 432-9200

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For internal use only:

- Restaurant/Hotel-Motel
- Club/Government
- Transfer of Premises

APPLICANT INFORMATION

Applicant Name: _____ Address: _____

Business Name: _____ City/Zip: _____

Liquor License #: _____ Parcel #: _____

Ownership Type: _____

Partner(s): _____ Liquor License Special Event Liquor License

TO BE COMPLETED BY THE DEVELOPMENT SERVICES DEPARTMENT

Please advise if, at the time the application was filed:

The premises for which this license application is being applied for is within 300 horizontal feet of a public or private school, or a fenced recreation area adjacent to a school building. Additionally, if a church operates a school on its premises, the same 300-foot distance restriction applies. If so, please attach pertinent documentation and drawings or maps.

Comments:

Based on the above information, the Development Services Department's recommendation to the Board of Supervisors is:	Approval <input type="checkbox"/>	Disapproval <input type="checkbox"/>
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OTHER PERTINENT INFORMATION FOR THE BOARD'S CONSIDERATION:

Proper Zoning? Y N Zoning: _____

Use permitted by DS? Y N Permit#: _____

Date Permit Issued: _____ Use Permitted: _____

If use not permitted, is it LNC? Y N Year LNC Established: _____

- The Development Services Department will notify the applicant that if any construction is proposed, a Non-Residential Permit must first be submitted and approved by this Department, or if there is a lapse of 12 months of non-operation of the business, a Non-Residential Permit will be required to re-establish the use from this Department.
- The Development Services Department will notify the applicant that he/she will be required to obtain the proper permits before operating the business.
- The Development Services Department is currently working with the property owner on several zoning-related issues with the subject property.
- The Development Services Department is currently working with the property owner on obtaining the proper permits to operate the business.

Name: _____ Title: _____

Signature: _____ Date: _____

Contact phone: _____ Email: _____

Return completed form with any attachments by: _____