

State of Arizona
Department of Liquor Licenses and Control

Created 01/09/2020 @ 01:32:50 PM

Local Governing Body Report

LICENSE

Number:		Type:	013 FARM WINERY
Name:	1764 VINEYARDS		
State:	Pending		
Issue Date:		Expiration Date:	
Original Issue Date:			
Location:	357 W TREASURE ROAD PEARCE, AZ 85625 USA		
Mailing Address:	PO BOX 822 PEARCE, AZ 85625 USA		
Phone:	(520)329-2590		
Alt. Phone:			
Email:	1764VINEYARDS@GMAIL.COM		

AGENT

Name:	ROBERT LEE DIXON II
Gender:	Male
Correspondence Address:	357 W TREASURE ROAD PEARCE, AZ 85625 USA
Phone:	(480)940-1413
Alt. Phone:	
Email:	1764VINEYARDS@GMAIL.COM

OWNER

Name:	1764 VINEYARDS		
Contact Name:	ROBERT DIXON		
Type:	LIMITED LIABILITY COMPANY		
AZ CC File Number:	L21998660	State of Incorporation:	AZ
Incorporation Date:	07/13/2017		
Correspondence Address:	PO BOX 822 PEARCE, AZ 85625 USA		
Phone:	(480)940-1413		
Alt. Phone:			
Email:	1764VINEYARDS@GMAIL.COM		

APPLICATION INFORMATION

Application Number: 86025
Application Type: New Application
Created Date: 01/09/2020

Selena Gonzalez

QUESTIONS & ANSWERS

013 Farm Winery

- 1) If you intend to operate the business while your application is pending you will need an interim permit pursuant to A.R.S.§4-203.01. Would you like to apply for an Interim Permit?
If yes, after completing this application, please go back to your Licensing screen, under New License Application choose "Interim Permit" from the drop-down window.
No
- 2) Have you submitted a questionnaire? Each person listed must submit a questionnaire and mail in a fingerprint card along with a \$22. processing fee per card.
Yes.
- 3) Are you a tenant? (A person who holds the lease of a property; a lessee)
Yes
A Document of type LEASE is required.
- 4) Is there a penalty if lease is not fulfilled?
No
- 5) Are you a sub-tenant? (A person who holds a lease which was given to another person (tenant) for all or part of a property)
No
- 6) Are you the owner?
No
- 7) Are you a purchaser?
No
- 8) Are you a management company?
No
- 9) 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?
~~Maricopa, Arizona~~ Cochise County
- 10) What is the total money borrowed for the business not including the lease?
Please list lenders/people owed money for the business.
Zero dollars
- 11) Have you provided a diagram of your premises?
Yes.
A Document of type DIAGRAM/FLOOR PLAN is required.
- 12) Is there a drive through window on the premises?
No

13) If there is a patio please indicate contiguous or non-contiguous within 30 feet.
Contiguous.

14) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?
No

DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	Bob Alien Status Form.pdf	12/03/2019
ALIEN STATUS	Julia Alien Status Form.pdf	12/03/2019
QUESTIONNAIRE	Bob Questionnaire.pdf	12/03/2019
QUESTIONNAIRE	Julia Questionnaire.pdf	12/03/2019
DIAGRAM/FLOOR PLAN	Winery Diagram.pdf	12/03/2019
LEASE	Winery Lease Agreement.docx	12/03/2019
	TTB Approved Application.pdf	12/27/2019
	Tasting Room Diagram.pdf	12/27/2019
	f51702basicpermit_20191015_075033.pdf	01/02/2020

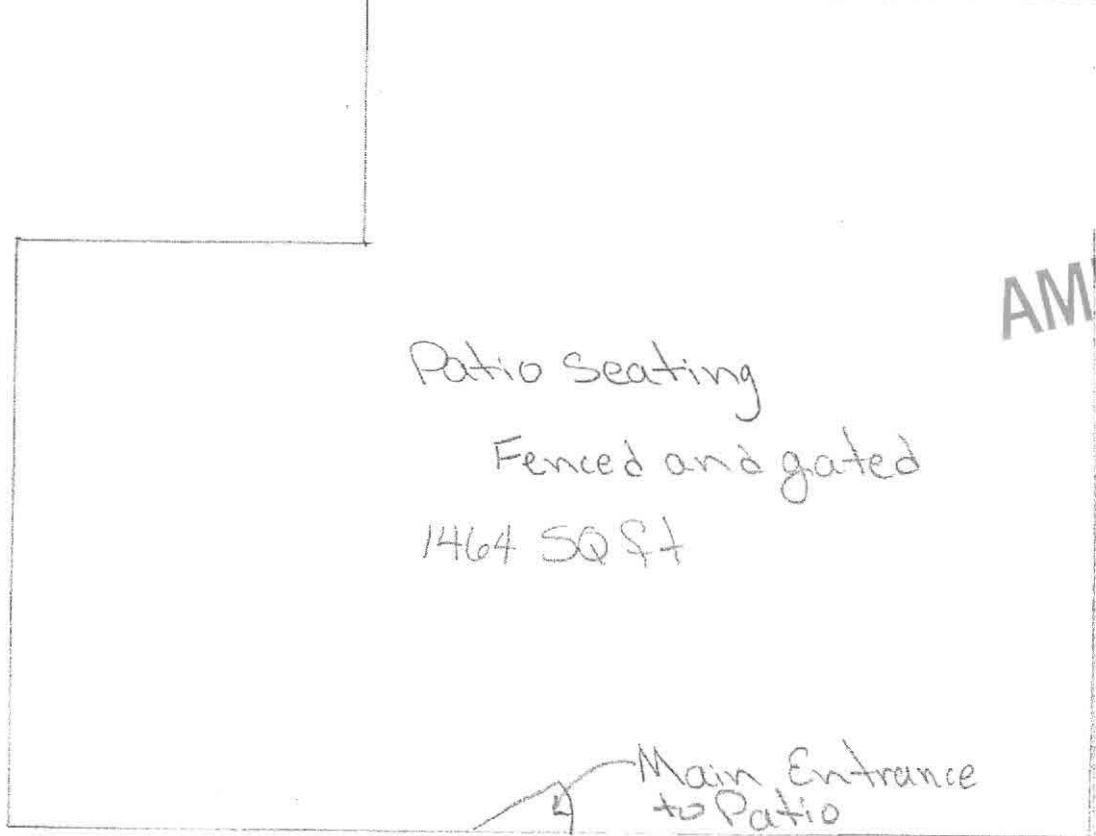
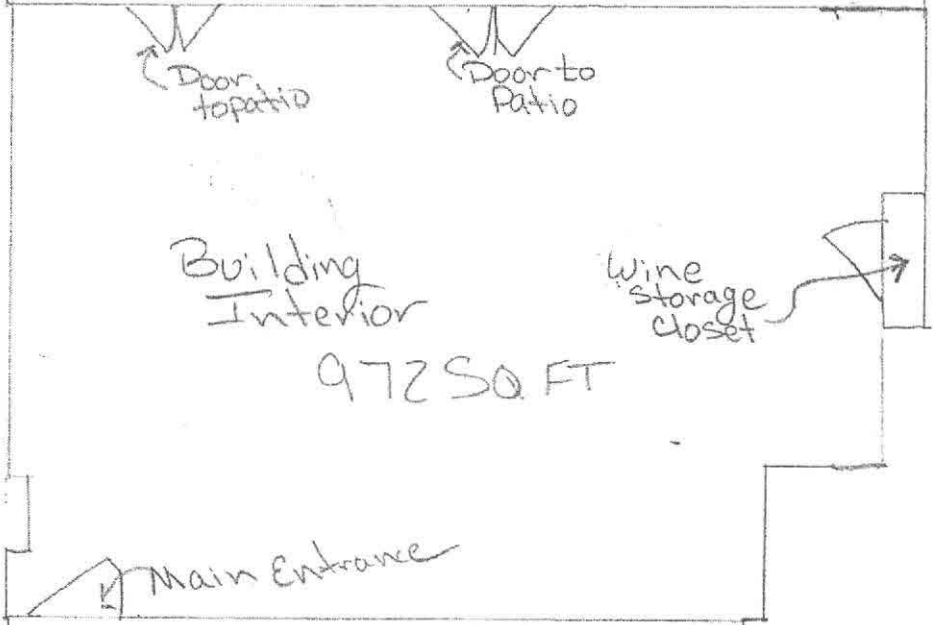
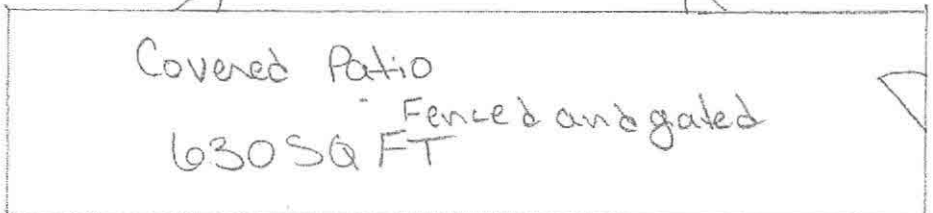
Diagram

'20 JAN 2 Lic. Lic. AM1117

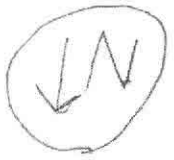
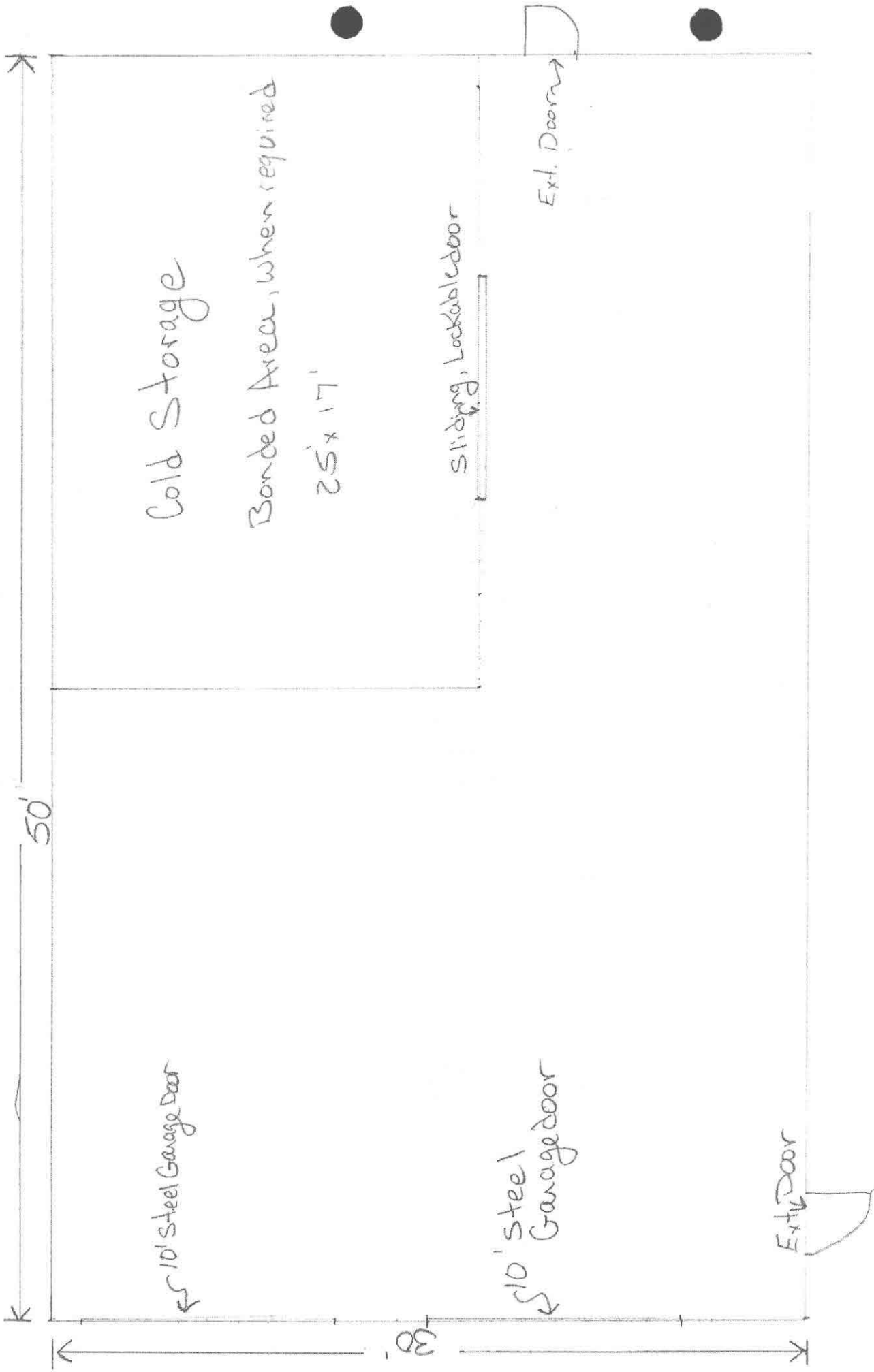
'20 JAN 9 Lic. Lic. PM 2-22

N ↑

Total Area
3,066
SQ. FT.



AMENDMENT



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

BASIC PERMIT

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

AZ-W-21073

2. DATE OF PERMIT

10/15/2019

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

1764 VINEYARDS LLC

357 W TREASURE RD
PEARCE, AZ 85625

3. REGISTRY NUMBER (if applicable)

BWN-AZ-21068

4. DATE OF APPLICATION

09/14/2019



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.

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 <input checked="" type="checkbox"/> ORIGINAL PERMIT	<input type="checkbox"/> AMENDED PERMIT
REASON FOR AMENDMENT	DATE OF AMENDMENT

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL *C. J. Manfreda*

FOR JOHN J. MANFREDA, ADMINISTRATOR

AUTHORIZED TRADE NAMES

*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: AZ-W-21073

REGISTRY NUMBER: BWN-AZ-21068

TYPE

Labeling Trade Name

TRADE NAME

4-Letter Word Winery

REASON FOR AMENDMENT

20 JAN 9 11:41 AM '23



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with Black Ink

804.233

The fees allowed by R19-1-102 will be charged for all dishonored checks.

ATTENTION APPLICANT: This is a legally binding document. Please type or print in black ink. 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.

Attention local governments: Social security and birth date information is confidential. This information may be given to law enforcement agencies for background checks only.

QUESTIONNAIRE IS TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT AND MANAGER BEING DISCLOSED TO THE DEPARTMENT. EACH PERSON COMPLETING THIS FORM MUST SUBMIT A BLUE OR BLACK LINED FINGERPRINT CARD ALONG WITH A \$22 FEE. FINGERPRINTS MUST BE DONE BY A LAW ENFORCEMENT AGENCY OR BONA FIDE FINGERPRINT SERVICE. FOR AN ADDITIONAL \$13 FEE, FINGERPRINTS MAY BE DONE AT THE DEPARTMENT OF LIQUOR WHEN ACCOMPANIED BY A COMPLETED APPLICATION.

Liquor License#: 80025

1. Check the Appropriate Box →

<input checked="" type="checkbox"/> Controlling Person	<input checked="" type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
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2. Name: Dixon II Robert Lee Birth Date: [REDACTED]
Last First Middle (NOT a public record)

3. Social Security #: [REDACTED] Driver License #: [REDACTED] State: Az

4. Place of birth: Knoxville, IA USA Height: 5'10" Weight: 190 Eyes: Brown Hair: Grey
City State COUNTRY (not county)

5. Name of current/most recent spouse: Dixon Julia Ann Birth Date: [REDACTED]
Last First Middle (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: May 1986

7. Daytime telephone number: 4809401413 E-mail address: 1764vineyards@gmail.com

8. Business Name: 1764 Vineyards LLC Business Phone: 520/329/2590

9. Business Location Address: 357 W Treasure Rd Pearce, Az Cochise 85625
Street (do not use PO Box) City State County Zip

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
01/08	CURRENT	Business Analyst	SAP America 1101 W Washington St #401 Tempe, Az 85281

(ATTACH ADDITIONAL SHEET IF NECESSARY)

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
06/17	CURRENT	357 W Treasure Rd Pearce, Az 85625
6/14	6/17	4626 E Prairie Ln Cottonwood, Az 86326

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202,4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. 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 five years? A.R.S. §4-202(D) Yes No

If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement. Give complete details including dates, agencies involved and dispositions.

CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Robert L Dixon II hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: [Signature]

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

My Commission Expires on: 09/20/2022

Date

26th Day of

Day of November

Month

2019 Year



ANGEL CORRALES
NOTARY PUBLIC - ARIZONA
Maricopa County
Commission # 555974
My Commission Expires Sept. 20, 2022

[Signature]
Signature of Notary

The licensee has authorized the person named on this questionnaire to act as manager for the above license.

PRINT NAME: Robert L Dixon II

SIGNATURE: [Signature]



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

**ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS**

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

INDIVIDUAL OWNER/AGENT NAME (Print or type) Robert Lee Dixon II

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? Yes No

If **Yes**, indicate place of birth:

City Knoxville State (or equivalent) IA Country or Territory USA

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

2) Name of document: AZ Drivers License
Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by 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.

Otherwise Lawfully Present

- 14. 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. § 1621(a).

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

Robert L^{el} Dixon II

Individual Owner/Agent Printed Name



Individual Owner/Agent Signature

11/30/19

Today's Date

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 January 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.

CLASS: [REDACTED]
ENDORSEMENTS: None

RESTRICTIONS:
B-Corrective Lenses Must Be Worn

Rev 02/14/2014

You Must Report a
Change of Address
Within 10 Days

[REDACTED]

[REDACTED]

Arizona DRIVER LICENSE USA

NOT FOR FEDERAL IDENTIFICATION

6 CLASS/D: [REDACTED]
9# END: NONE
12 REST: B
3 I ODF [REDACTED]

1 DIXON
2 ROBERT LEE, II
3 357 W. TREASURE RD
4 PEARCE, AZ 85625

4# EXP: 07/14/2033 4# ISS: 06/29/2017

1# SEX: M 1# EYES: BRO
1# HGT: 5-10" 1# HAIR: BLK
1# WGT: 175 lb

DONOR

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Certificate # zaQix4a8vo

**Certificate of Completion
For
On/Off Premise Management (2 hours)**

<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

DITAT DEUS

Robert Dixon

Full Name (please print)

Robert Dixon

Signature

December 8, 2019

Training Completion Date

December 8, 2022

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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).

Kevin A. Kramber

Instructor Signature

08 / 12 / 2019

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.

2019 JAN 09 11:49:09 AM 2023
19 DEC 13 11:49:09 AM 4 05

Certificate # sSEtYZcITf

**Certificate of Completion
For
On Premise Basic course (3 hours)**

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

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19 DEC 13 1:49 PM 405

Student Information

DITAT DEUS
Robert Dixon

Full Name (please print)


Signature

December 7, 2019

Training Completion Date

December 7, 2022

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

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Instructor Signature

07 / 12 / 2019
Day Mo Year

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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) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | Beer & Wine Store (series 10) |

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20 JAN 9 11:41 AM '23



Arizona Department of Liquor Licenses and Control
800 W Washington 5th Floor
Phoenix, AZ 85007-2934
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QUESTIONNAIRE
A.R.S. §4-202, 4-210
Type or Print with **Black Ink**

The fees allowed by R19-1-102 will be charged for all dishonored checks.

804.234

ATTENTION APPLICANT: This is a legally binding document. Please type or print in **black ink**. 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.

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Liquor License#: 860025

1. Check the Appropriate Box

<input checked="" type="checkbox"/> Controlling Person	<input type="checkbox"/> Agent	<input type="checkbox"/> Premises Manager (complete all questions except #12)
--	--------------------------------	--

2. Name: Dixon Julia Ann Birth Date: [REDACTED] (NOT a public record)

3. Social Security #: [REDACTED] Driver License#: [REDACTED] State: Arizona

4. Place of birth: Seattle Washington USA Height: 5'9" Weight: 225 Eyes: Brow Hair: Brow

5. Name of current/most recent spouse: Dixon, II Robert Lee Birth Date: [REDACTED] (NOT a public record)

6. Are you a bona fide resident of Arizona? Yes No If yes, what is your date of residency: [REDACTED]

7. Daytime telephone number: 623 229 9395 E-mail address: 1764vineyards@gmail.com

8. Business Name: 1764 Vineyards Business Phone: 520,329,2590

9. Business Location Address: 357 W. Treasure Road Pearce, AZ Cochise 85625

10. List your employment or type of business during the past five (5) years. If unemployed, retired, or student, list residence address.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)
7/2017	CURRENT	Vineyard and Cellar Rat	Four Tails Vineyard see attached
7/2017	current	Vineyard Manager	1764 Vineyards 357 W. Treasure Rd Pearce, AZ 85625
11/2015	7/2017	Tasting Room Associate	Burning Tree Cellars See attached
3/2015	11/2015	Tasting Room Associate	Oak Creek Vineyards and Winery See attached
7/2014	3/2015	Journeyman Clerk	Safeway See attached

(ATTACH ADDITIONAL SHEET IF NECESSARY)

#10.1

Four Tails Vineyard

274 E. Pearce Rd

Pearce Az 85625

Burning Tree Cellars

1040 N. Main St.

Cottonwood Az 86326

Oak Creek Vineyards and Winery

1555 N. Page Springs Rd.

Cornville. Az 86325

Safeway

1635 E. Cottonwood Lane

Cottonwood Az. 86326

11. Provide your residence address information for the last five (5) years: A.R.S. §4-202(D)

FROM Month/Year	TO Month/Year	RESIDENTIAL Street Address
07/2017	CURRENT	357 W. Treasure Rd, Pearce AZ 85625
06/2014	07/2017	4626 E. Prairie Lane Cottonwood AZ 86326

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, then answer #13 below. If NO, skip to #14. Yes No
13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years? Yes No
14. Have you been cited, arrested, indicted, convicted, or summoned into court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past five (5) years? Yes No
15. Are there ANY administrative law citations, compliance actions or consents, criminal arrests, indictments or summonses pending against you? (Do not include civil traffic tickets.) A.R.S. §4-202, 4-210 Yes No
16. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No
17. Have you had a liquor application or license rejected, denied, revoked or suspended in or outside of Arizona within the last five years? A.R.S. §4-202(D) Yes No
18. 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 five years? A.R.S. §4-202(D) Yes No

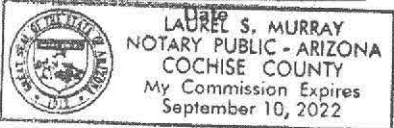
If you answered "YES" to any Question 14 through 18 YOU MUST attach a signed statement.
Give complete details including dates, agencies involved and dispositions.
CHANGES TO QUESTIONS 14-18 MAY NOT BE ACCEPTED

NOTARY

I (Print Full Name) Julia Ann Dixon hereby declare that I am the Agent/ Controlling Person / Premises Manager filing this application. I have read this document and verify the contents and all statements are true, correct and complete, to the best of my knowledge.

Signature: *Julia Ann Dixon* State of Arizona County of Cochise
The foregoing instrument was acknowledged before me this 26 Day of November, 2019
Day Month Year

My Commission Expires on: 9-10-2022



Laurel S. Murray
Signature of Notary

The Licensee has authorized the person named on this questionnaire to act as manager for the above License.

PRINT NAME: Julia Ann Dixon SIGNATURE: *Julia Ann Dixon*

Certificate # EQEennPHKB

Certificate of Completion
For
On/Off Premise Management (2 hours)

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

20 JAN 9 4:14:11 PM '23
19 DEC 13 1:47:44 PM '05

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 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

Julia Dixon

Full Name (please print)



Signature

December 7, 2019

Training Completion Date

December 7, 2022

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE), 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

07 / 12 / 2019

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 # k83GBQxmub

**Certificate of Completion
For
On Premise Basic course (3 hours)**

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

Julia Dixon

Full Name (please print)

Julia Dixon
Signature

December 8, 2019
Training Completion Date

December 8, 2022
Certificate Expiration Date
(three years from completion date)

DEC 13 11:47 AM '19

Training Provider Information

AzLiquorTraining.com

Company Name

536 E. Wagon Bluff Drive, Tucson, AZ 85704

Mailing Address

(520) 235-5684

Daytime Contact Phone Number

I, KEVIN A. KRAMBER (ON LINE),
Instructor Name (please print)

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).

Kevin A. Kramber
Instructor Signature

08 / 12 / 2019
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) | Government (series 5) | Bar (series 6) | Beer & Wine Bar (series 7) |
| Conveyance (series 8) | Liquor Store (series 9) | Private Club (series 14) | Hotel/Motel w/restaurant (series 11) |
| Restaurant (series 12) | In-state Farm Winery (series 13) | | Beer & Wine Store (series 10) |

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