

**State of Arizona**  
**Department of Liquor Licenses and Control**

Created 05/19/2020 @ 02:15:43 PM

Local Governing Body Report

**LICENSE**

Number: \_\_\_\_\_ Type: 013 FARM WINERY  
Name: STRIVE VINEYARDS  
State: Pending  
Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Original Issue Date: \_\_\_\_\_  
Location: 6217 S MARANATHA WAY  
WILCOX, AZ 85643  
USA  
Mailing Address: 3123 E MORRIS RANCH ROAD  
WILCOX, AZ 85643  
USA  
Phone: (920)850-1075  
Alt. Phone: \_\_\_\_\_  
Email: GERTH.DESIREE@GMAIL.COM

**AGENT**

Name: DESIREE ANN GERTH  
Gender: Female  
Correspondence Address: 3123 E MORRIS RANCH ROAD  
WILCOX, AZ 85643  
USA  
Phone: (920)850-1075  
Alt. Phone: \_\_\_\_\_  
Email: GERTH.DESIREE@GMAIL.COM

**OWNER**

Name: STRIVE VINEYARDS LLC  
Contact Name: DESIREE ANN GERTH  
Type: LIMITED LIABILITY COMPANY  
AZ CC File Number: L19403443 State of Incorporation: AZ  
Incorporation Date: 07/18/2014  
Correspondence Address: 3123 E MORRIS RANCH ROAD  
WILCOX, AZ 85643  
USA  
Phone: (920)850-1075  
Alt. Phone: \_\_\_\_\_  
Email: GERTH.DESIREE@GMAIL.COM

**Officers / Stockholders**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Interest: \_\_\_\_\_

\*20 MAY 19 Lic. Lic. PM 2:16



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

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.

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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#: \_\_\_\_\_

1. Check the Appropriate Box →

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

2. Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle (NOT a public record)

3. Social Security #: \_\_\_\_\_ Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

4. Place of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_  
City State COUNTRY (not county)

5. Name of current/most recent spouse: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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: \_\_\_\_\_

7. Daytime telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

8. Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Business Location Address: 6217 S. Maranatha way Wilcox, AZ Cochise 85643  
Street (do not use PO Box) City State County Zip AR

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)
	CURRENT		

AMENDMENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Gerth, Desiree  
Strive Vineyards  
108501

20 MAY 19 11:47 AM 2016



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

QUESTIONNAIRE
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Liquor License#: \_\_\_\_\_

1. Check the Appropriate Box

Form with checkboxes for Controlling Person, Agent, and Premises Manager (complete all questions except #12)

2. Name: Last First Middle Birth Date: (NOT a public record)

3. Social Security #: Driver License #: State:

4. Place of birth: City State COUNTRY (not county) Height: Weight: Eyes: Hair:

5. Name of current/most recent spouse: Last First Middle Birth Date: (NOT a public record)

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

7. Daytime telephone number: E-mail address:

8. Business Name: Business Phone:

9. Business Location Address: 6217 S. Maranatha way Wilcox, AZ 85643 Cochise

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

Table with 4 columns: FROM Month/Year, TO Month/Year, DESCRIBE POSITION OR BUSINESS, EMPLOYERS NAME OR NAME OF BUSINESS (Street Address, City, State & Zip)

AMENDMENT

(ATTACH ADDITIONAL SHEET IF NECESSARY)

Gerth, Desiree
Stride Vineyards
108561

RYAN JAMES GERTH  
DESIREE ANN GERTH

MEMBER  
MEMBER

50.00  
50.00

### STRIVE VINEYARDS LLC - MEMBER

Name: DESIREE ANN GERTH  
Gender: Female  
Correspondence Address: 3123 E MORRIS RANCH ROAD  
WILLCOX, AZ 85643  
USA  
Phone: (920)850-1075  
Alt. Phone:  
Email: GERTH.DESIREE@GMAIL.COM

### STRIVE VINEYARDS LLC - MEMBER

Name: RYAN JAMES GERTH  
Gender: Male  
Correspondence Address: 3123 E MORRIS RANCH ROAD  
WILLCOX, AZ 85643  
USA  
Phone: (920)912-2344  
Alt. Phone:  
Email: GERTH.RYAN@GMAIL.COM

## APPLICATION INFORMATION

Application Number: 108561  
Application Type: New Application  
Created Date: ~~04/15/2020~~ 5-12-2020 Arize

## 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  
Sub-tenant  
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.  
0

- 6) Is there a drive through window on the premises?  
No
- 7) If there is a patio please indicate contiguous or non-contiguous within 30 feet.  
Contiguous
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
Yes  
If yes, what is your estimated completion date?  
June 1, 2020

## DOCUMENTS

DOCUMENT TYPE	FILE NAME	UPLOADED DATE
ALIEN STATUS	Alien Status- Desiree.pdf	04/15/2020
ALIEN STATUS	Alien Status- Ryan.pdf	04/15/2020
QUESTIONNAIRE	Questionnaire- Desiree.pdf	04/15/2020
QUESTIONNAIRE	Questionnaire- Ryan.pdf	04/15/2020
DIAGRAM/FLOOR PLAN	Farm Winery Diagram.pdf	04/30/2020
QUESTIONNAIRE	Off Premise Management Certificate- Dez.pdf	04/30/2020
QUESTIONNAIRE	Off Premise Management Certificate- Ryan.pdf	04/30/2020
QUESTIONNAIRE	On Premise Basic Certificate- Dez.pdf	04/30/2020
QUESTIONNAIRE	Basic On Sale Certificate- Ryan.pdf	04/30/2020

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

**BASIC PERMIT**

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

AZ-P-21162

2. DATE OF PERMIT

03/05/2020

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

STRIVE VINEYARDS LLC  
 DBA: STRIVE VINEYARDS  
 123 S NARITA LN  
 WILLCOX, AZ 85643

3. REGISTRY NUMBER (if applicable)

4. DATE OF APPLICATION

02/14/2020



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.)

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: Wine 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.

20 MAY 12 12:47:06 PM '20

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

*Danielle Cresswell*

FOR JOHN J. MANFREDA, ADMINISTRATOR

**AUTHORIZED TRADE NAMES**

\*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: AZ-P-21162

REGISTRY NUMBER:

TYPE

TRADE NAME

---

REASON FOR AMENDMENT

20 MAY 12 11:47 AM '14



Cochise Groves Farming, Inc.

3649 N Golden Rule Rd  
Cochise, AZ 85606  
(520) 507-3310

Invoice

Date	Invoice #
10/24/2016	Gerth2016

Bill To
Ryan & Desiree Gerth Strive Vineyards 5108 N 87th Pl Scottsdale AZ 85250

20 NOV 12 12:49 PM '14

Quantity	Description	Price Each	Amount
0.17	Cabernet Sauvignon Grapes, price per ton	1,800.00	306.00
0.18	Cabernet Franc Grapes, price per ton	1,800.00	324.00
0.18	Petit Verdot, price per ton	1,800.00	324.00
	50% balance due 11/1/2016      \$ 477		
	100% balance due 1/1/2017      \$ 477		
	Total 2016 GRV Grape purchase      \$ 954		
	Thank you for working with GRV!		
	Sales Tax	6.10%	0.00
		<b>Total</b>	954.00
		<b>Payments/Credits</b>	50.00
		<b>Balance Due</b>	954.00

*Handwritten note:*  
WILL  
BE  
PAID  
ON  
11/1/2016

Web Site	E-mail
CochiseGroves.com	goldenrulevineyards@gmail.com

# RECORD OF SURVEY

SEC. 9

OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE NORTHEAST QUARTER OF SECTION 16, TOWNSHIP 16 SOUTH, RANGE 26 EAST OF THE GILA AND SALT RIVER MERIDIAN, COUNTY OF COCHISE, STATE OF ARIZONA

FD. 1/2" REBAR TAGGED  
R.L.S. 5713 AND RECORD  
APPLICABLE TO BE EITHER  
DISTURBED OR SET  
ERRONEOUSLY, NOT  
ACCEPTED

S63°01'57"E  
20.00

N89°59'23"E 1319.76'

NE COR. SEC. 16

N 1/2, NE 1/4  
NE 1/4, NE 1/4  
SEC. 16  
T.15S., R.26E.  
G & SRM  
20.01 ACRES  
871721.44 Sq. Ft.

N0°16'06"W 1320.73'

660.37'

860.36'

1320.12'

1320.99'

1320.49'

1320.49'

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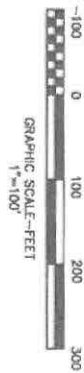
1320.49'

1320.49'

## NOTE:

ATTENTION IS DIRECTED TO THE FACT THAT THIS MAP DOES NOT CONSTITUTE A DIVISION OF LAND, CONCRETE LINES AND BRASS CAPS ARE NOT TO BE CONSIDERED AS BOUNDARIES AND RECORDED FOR EACH PARCEL SHOWN HEREON OR OTHERWISE TO EFFECT A DIVISION OF LAND. INTERESTED PARTIES ARE ADVISED TO FURTHER INVESTIGATE WITH GOVERNING BOOKS.

S 1/2, NE 1/4  
NE 1/4, NE 1/4



## LEGEND

- INDICATES FOUND 2.5" ACP STAMPED LS 5713, SEE ROS MAP BK 28, PG. 97, BK. 46 PG. 52, & BK. 35, PG. 34, UNLESS OTHERWISE NOTED HEREON
- INDICATES SET 1/2" X 16" REBAR TAGGED R.L.S. 19316
- ( ) INDICATES RECORD DATA PER G.L.O. PLAT OF TOWNSHIP 15 SOUTH, RANGE 26 EAST OF THE GILA AND SALT RIVER MERIDIAN, COUNTY OF COCHISE, STATE OF ARIZONA
- INDICATES FOUND 2" BRASS CAP IN CONCRETE STAMPED PE 6377, SEE SURVEY MAP BK 15, PG. 16, BK. 34, PG. 99, BK. 46, PG. 52, & BK. 29, PG. 97

## REFERENCES

- SURVEY MAP BK. 35, PG. 34
- SURVEY MAP BK. 33, PG. 50
- SURVEY MAP BK. 46, PG. 52
- SURVEY MAP BK. 29, PG. 97
- SURVEY MAP BK. 40, PG. 40
- SURVEY MAP BK. 40, PG. 90
- SURVEY MAP BK. 34, PG. 99
- SURVEY MAP BK. 15, PG. 16

## RECORDING DATA

STATE OF ARIZONA  
COUNTY OF COCHISE  
FILED FOR RECORD AT THE REQUEST OF TED D. AMOX, ON \_\_\_\_\_ OF \_\_\_\_\_  
THIS SURVEY MAP AT \_\_\_\_\_ THIS DAY OF \_\_\_\_\_, 2010, AT \_\_\_\_\_ M. IN BOOK \_\_\_\_\_ OF \_\_\_\_\_  
WITNESS MY HAND AND OFFICIAL SEAL, THE DAY AND YEAR ABOVE WRITTEN.  
REGISTER COUNTY RECORDER \_\_\_\_\_ DEPUTY COUNTY RECORDER \_\_\_\_\_  
FEE \$24.00

## BASIS OF BEARINGS

THE BASIS OF BEARINGS FOR THIS SURVEY IS THE EAST LINE OF THE NORTHEAST QUARTER OF SECTION 16, AND IS THE LINE BETWEEN THE BRASS CAP IN CONCRETE STAMPED PE 6377 AT THE NORTHEAST CORNER OF SECTION 16, AND THE FOUND 2.5" ALUMINUM CAP AT THE EAST 1/4 CORNER OF SECTION 16, PER G.L.O. PLAT OF TOWNSHIP 15 SOUTH, RANGE 26 EAST OF THE GILA AND SALT RIVER MERIDIAN, COUNTY OF COCHISE, STATE OF ARIZONA, AND SHOWN HEREON AS NORTH 00°18' WEST

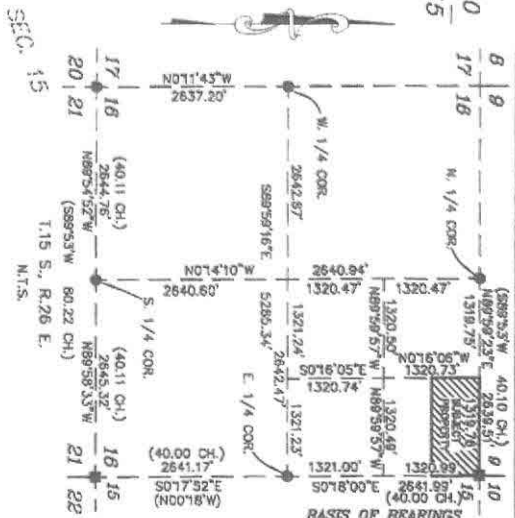
## CERTIFICATION

I HEREBY CERTIFY THAT THIS PLAT CONSISTING OF 1 SHEET(S) REPRESENTS A SURVEY MADE UNDER MY DIRECTION AND THAT THE REPORTED CORNERS AND SURVEY MONUMENTS ACTUALLY EXIST AS SHOWN HEREON.

TED D. AMOX REGISTERED LAND SURVEYOR NO. 19316



## SECTION 16 BREAKDOWN



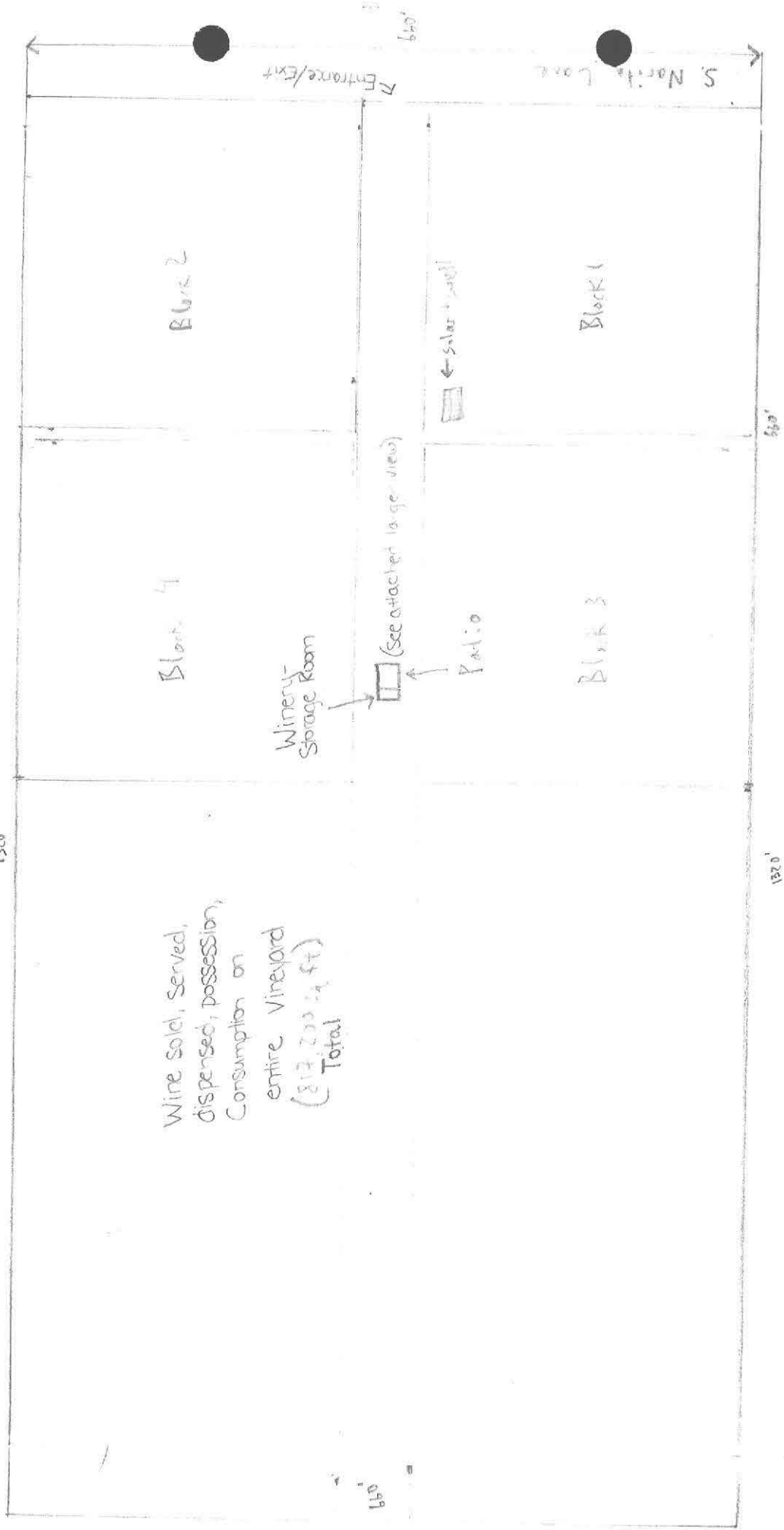
FILED MAP 211 APR 21 AM 02.



AMOX  
LAND SURVEYORS, P.L.L.C.  
200 WEST RIVER STREET, SUITE 100, TULSA, OK 74103  
PHONE: (918) 438-1111 FAX: (918) 438-1112  
WWW.AMOXLANDSURVEYORS.COM

JOB NO. 15018 DATE: APRIL 2010  
DRAWN BY: JN INVENTED BY: \_\_\_\_\_  
CLIENT: RYAN GERTH  
SHEET 1 OF 1

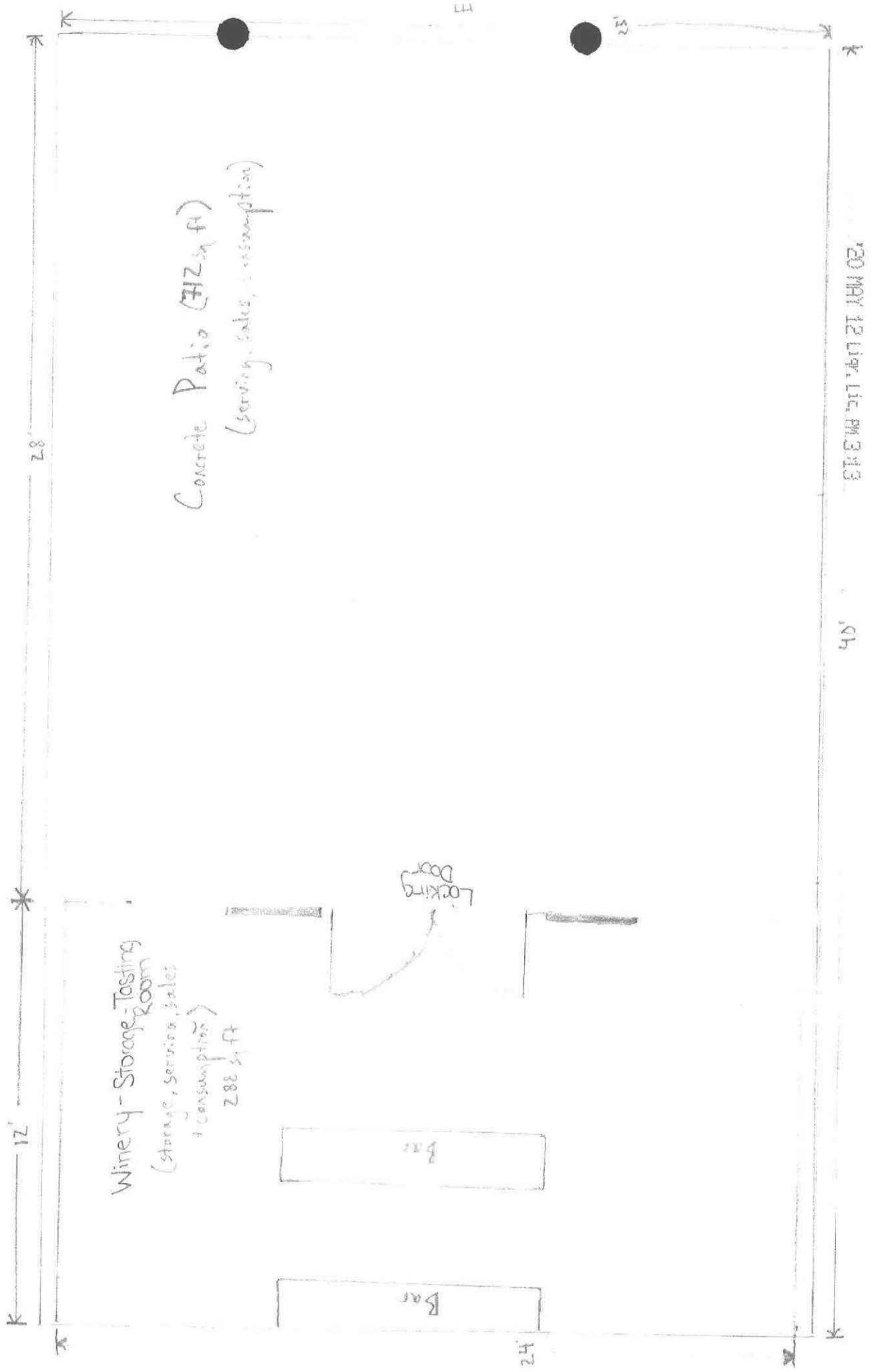
# Strive Vineyards Farm Winery Diagram



20 MAY 12 12:19 PM 3:13

S

N.



20 MAY 12 11:41 AM 3:13

44

5



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5<sup>th</sup> 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**

804-878

20 MAY 5 11:41 AM '09

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Liquor License#: 108561

1. Check the Appropriate Box →

Controlling Person     Agent     Premises Manager  
 (complete all questions except #12)

2. Name: Gerth Desiree Ann Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Appleton, WI Height: 5'1" Weight: 115 Eyes: GRN Hair: BLK  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Gerth Ryan James 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 2009

7. Daytime telephone number: 920-850-1075 E-mail address: gerth.desiree@gmail.com

8. Business Name: Strive Vineyards Business Phone: 920 / 850 / 1075

9. Business Location Address: 123 S Narita Lane Willcox AZ Cochise 85643  
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)
08/2019	CURRENT	Winery Assistant	Golden Rule Vineyards, 3525 N Golden Rule Rd, Cochise, AZ 85606
07/2016	08/2019	Homemaker	2912 E Binner Drive, Chandler, AZ 85225
07/2009	07/2016	Special Ed. Teacher	Roosevelt School District, 1030 E Baseline Rd, Phoenix, AZ 85042

**AMENDMENT**

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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

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Liquor License#: 108561

1. Check the Appropriate Box →

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

2. Name: Gerth Desiree Ann Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Appleton, WI USA (AD) Height: 5'1" Weight: 115 Eyes: GRN Hair: BLK  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Gerth Ryan James 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 2009

7. Daytime telephone number: 920-850-1075 E-mail address: gerth.desiree@gmail.com

8. Business Name: Strive Vineyards, LLC Business Phone: 920, 850, 1075

9. Business Location Address: 3123 E Morris Ranch Road Willcox AZ Cochise 85643  
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)
08/2019	CURRENT	Winery Assistant	Golden Rule Vineyards, 3525 N Golden Rule Rd, Cochise, AZ 85606
07/2016	08/2019	Homemaker	2912 E Binner Drive, Chandler, AZ 85225
07/2009	07/2016	Special Ed. Teacher	Roosevelt School District, 1030 E Baseline Rd, Phoenix, AZ 85042

(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
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
3/2011	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(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**

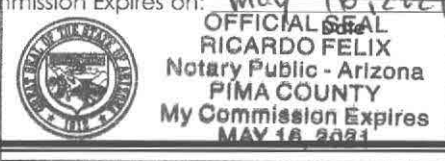
**NOTARY**

I (Print Full Name) Desiree A. Gerth 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: *Desiree A. Gerth* State of Arizona County of Pima

The foregoing instrument was acknowledged before me this 6 Day of May, 2020

My Commission Expires on: May 16, 2021



Signature of Notary: *[Signature]*

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

PRINT NAME: Desiree A. Gerth SIGNATURE: *Desiree A. Gerth*

AMENDMENT

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
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
3/2011	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(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) Desiree A. Gerth 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: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

My Commission Expires on: \_\_\_\_\_ Date \_\_\_\_\_ Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

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

PRINT NAME: Desiree A. Gerth

SIGNATURE: 



State of Arizona  
Department of Liquor Licenses and Control  
800 W. Washington 5<sup>th</sup> 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) Desiree A<sup>nn</sup> Gerth

**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 Appleton State (or equivalent) WI Country or Territory USA

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

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

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

20 MAY 12 11:41 AM '04

### 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.

Desiree A. Gerth  
Individual Owner/Agent Printed Name

Desiree A. Gerth  
Individual Owner/Agent Signature

2/21/2020  
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.

Certificate # EqUq87BPWZ

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

Desiree Gerth

Full Name (please print)

*Desiree Gerth*

Signature

February 22, 2020

Training Completion Date

February 22, 2023

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

22 / 02 / 2020  
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.

20 MAR 12 12:45 PM '15

Certificate # Lty6jMwmlD

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

Desiree Gerth

Full Name (please print)

*Desiree Gerth*

Signature

February 20, 2020

Training Completion Date

February 20, 2023

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

20 / 02 / 2020  
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)        |

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.

20 MAY 12 11:41 AM '15



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

20 MAY 5 11:41 AM '18

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

804-878

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#: 108561

1. Check the Appropriate Box →

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

2. Name: Gerth Ryan James Birth Date: [REDACTED]  
Last First Middle (NOT a public record)

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

4. Place of birth: Sheboygan, WI USA Height: 6'3" Weight: 200 Eyes: BLU Hair: BLO  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Gerth Desiree 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: August 2008

7. Daytime telephone number: 920-912-2344 E-mail address: gerth.ryan@gmail.com

8. Business Name: Strive Vineyards Business Phone: 920 / 850 / 1075

9. Business Location Address: 123 S Narita Lane Willcox AZ Cochise 85643  
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)
12/2018	CURRENT	Pharmacist	Safeway, 650 N Bisbee Avenue, Willcox, AZ 85643
11/2008	12/2018	Pharmacist	Walgreens, 1142 W Guadalupe Rd, Mesa, AZ 85210

(ATTACH ADDITIONAL SHEET IF NECESSARY)

AMENDMENT

20 MAY 12 11:49 AM '18



Arizona Department of Liquor Licenses and Control  
 800 W Washington 5<sup>th</sup> 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

804-878

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#: 108561

1. Check the Appropriate Box →

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

2. Name: Gerth Ryan James Birth Date: [REDACTED]  
Last First Middle (Not a public record)

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

4. Place of birth: Sheboygan, WI USA (AP) Height: 6'3" Weight: 200 Eyes: BLU Hair: BLO  
City State COUNTRY (not county)

5. Name of current/most recent spouse: Gerth Desiree 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: August 2008

7. Daytime telephone number: 920-912-2344 E-mail address: gerth.ryan@gmail.com

8. Business Name: Strive Vineyards, LLC Business Phone: 920, 850, 1075

9. Business Location Address: 3123 E Morris Ranch Road Willcox AZ Cochise 85643  
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)
12/2018	CURRENT	Pharmacist	Safeway, 650 N Bisbee Avenue, Willcox, AZ 85643
11/2008	12/2018	Pharmacist	Walgreens, 1142 W Guadalupe Rd, Mesa, AZ 85210

(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
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
10/2010	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
If you answered YES, then answer #13 below. If NO, skip to #14.
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) Ryan J. Gerth 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: *Ryan Gerth* State of Arizona County of Pima  
The foregoing instrument was acknowledged before me this 6 Day of May, 2020  
Day Month Year

My Commission Expires on: MAY 16, 2021

OFFICIAL SEAL  
RICARDO REIX  
Notary Public - Arizona  
PIMA COUNTY  
My Commission Expires  
MAY 16, 2021

*[Signature]*  
Signature of Notary

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

PRINT NAME: Ryan Gerth SIGNATURE: *Ryan Gerth*

AMENDMENT

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
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
10/2010	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(ATTACH ADDITIONAL SHEET IF NECESSARY)

12. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?  Yes  No  
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13. Have you attended a DLLC approved Basic & Management Liquor Law Training Course within the past 3 years?  Yes  No
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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) Ryan J. Gerth 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: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
 The foregoing instrument was acknowledged before me this

My Commission Expires on: \_\_\_\_\_ Date \_\_\_\_\_ Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of Notary

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

PRINT NAME: Ryan Gerth

SIGNATURE: \_\_\_\_\_

**AMENDMENT**

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
12/2018	CURRENT	3123 E Morris Ranch Road, Willcox, AZ 85643
07/2015	12/2018	2912 E Binner Drive, Chandler, AZ 85225
10/2010	07/2015	5108 N 87th Place, Scottsdale, AZ 85250

(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) \_\_\_\_\_ 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: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

My Commission Expires on: \_\_\_\_\_ Date \_\_\_\_\_ Day of \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

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

PRINT NAME: Ryan Gerth

SIGNATURE: 

Certificate # pbNJ8ODCY5

# 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

ryan gerth

Full Name (please print)

*Ryan Gerth*  
Signature

February 25, 2020

Training Completion Date

February 25, 2023

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

25 / 02 / 2020

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.

July 11, 2013

20 MAY 15 11:49 AM '23

Certificate # Fc0eJ2510g

**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**

ryan gerth

Full Name (please print)



Signature

February 28, 2020

Training Completion Date

February 28, 2023

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

28 / 02 / 2020

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)  
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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.

July 11, 2013

20 MAY 12 11:49 AM '13



20 MAY 12 11:41 AM '14

10/12/2015

Strive Vineyards  
Desiree Gerth  
3123 East Morris Ranch Road  
Wilcox, AZ 85643

Attached, please find a copy of your purchase agreement, **Contract # 16-2078**. If it meets with your approval, please sign and return where indicated, and remit along with your initial deposit. Upon receipt of the signed contract, we will countersign and return one copy for your records.

**Please remember to call us to schedule a shipment date. We request at least one week notice to ensure we have time to prepare your order for shipping and to allow for an agricultural inspection, if required. Any outstanding balance will be due upon shipment of your plant material.**

**Novavine** is pleased to provide you with our quality grapevines and olive trees. We look forward to a long and mutually rewarding relationship. Please do not hesitate to call with any questions regarding this order.

Sincerely,

*Heather Kilmurray*

Contracts Department  
Enclosure(s)

6735 Sonoma Highway  
Santa Rosa, CA 95409-5723  
Tel # (707) 539-5678  
Fax # (707) 539-2819

# Sales Order

Date	Contract #	Sales Rep
10/9/2015	16-2078	SC

**Bill To**  
Strive Vineyards  
Desiree Gerth  
3123 East Morris Ranch Road  
Wilcox, AZ 85643

**Ship To**  
Strive Vineyards  
3123 East Morris Ranch Road  
Wilcox, AZ 85643

Customer PO#	Confirmed Ship Date	Ship Via	Initial Deposit	Est Ship Date	Delivery Year
		Fed-Ex LTL Freight	10/26/2015	Call To Schedule	2016

Item Description	Vine Type	Qty	Rate	Amount
Syrah 470 (NC) / 1103P (C)	DFFBG	500	\$3.79	\$1,895.00
Primitivo FPS 03 (C) / 110R (C)	DFFBG	500	\$3.79	\$1,895.00
Cabernet Sauvignon FPS 42 (C) / 1103P (C)	DFFBG	250	\$3.79	\$947.50
Sangiovese VCR 06 (C) / 110R (C)	DFFBG	500	\$3.79	\$1,895.00
Carmenere FPS 03.1 (10) / 1103P (10)	DFFBG	157	\$3.79	\$595.03
FPMS Scionwood User Fee: \$.008 per certified bud		1,407		\$11.26
FPMS Rootstock User Fee: \$.04 per certified rootstock		1,907		\$76.28
Cal Grape Rootstock Improvement Commission Fee: \$.015 per plant		1,907		\$28.61
VCR Clones: 10% of price \$1,895.00				\$189.50
2010 Protocol Fee: \$.50 per rootstock		157		\$78.50
2010 Protocol Fee: \$.50 per bud		157		\$78.50
Agriculture Certificate Fee:				\$0.00
IAB Assessment 1% of Gross :				\$76.90
Shipping & Handling				\$356.42

1st Retainer due with signed contract = \$6,092.63  
Balance due upon shipment = \$2,030.87

**Total Sales Order: \$8,123.50**

20 MAY 12 11:49 AM '14

Sign Here



Please initial for acceptance

1. GPBG: Green potted benchgraft. 2. DFFBG: Dormant, field-finished benchgraft. 3. DPBG: Dormant potted benchgraft. 4. C: Certified/NC: Non-certified/10:2010 protocol.
5. All rootstock is California Department of Food and Agriculture certified stock produced in accordance with the regulations of the CDFA Grapevine Nursery Certificate program, unless otherwise stated.
6. Restocking fee, up to 20%, will be charged on cancelled orders. 7. All prices are FOB Novavine's Santa Rosa production facility.
8. The shipping price is estimated and is subject to change at time of delivery. Any additional charges will be the responsibility of the buyer.

Strive Vineyards  
Desiree Gerth  
3123 East Morris Ranch Road  
Wilcox, AZ 85643

## Purchase Contract: #16-2078

20 MAY 12 11:47 AM '14

### Defined Terms

"Buyer" means Strive Vineyards

"Novavine" means Novavine, a California corporation.

"Schedule" means the schedule in this contract describing the products being sold hereunder, quantities, price, payment and delivery schedule.

"Product" means any vines, material, stock, plants or other agricultural product that is listed in the Schedule.

### Warranty and Limitation of Liability

**BUYER UNDERSTANDS THAT NOVAVINE RECEIVES ITS CERTIFIED STOCK OR PRODUCT FROM FOUNDATION PLANT SERVICES (FPS) FOUNDATION STOCK, LOCATED AT THE UNIVERSITY OF CALIFORNIA AT DAVIS EXCEPT AS INDICATED IN THIS CONTRACT. NOVAVINE WILL HAVE NO LIABILITY WHATSOEVER IF ANY CERTIFIED STOCK OR PRODUCT PURCHASED BY NOVAVINE FROM FPS HAS BEEN INCORRECTLY IDENTIFIED BY FPS AND IS NOT OF THE VARIETY AS REPRESENTED TO NOVAVINE BY FPS; AND IS NOT OF THE CORRECT VARIETY WHEN SOLD BY NOVAVINE TO BUYER. NOVAVINE MAKES NO REPRESENTATIONS OR WARRANTIES, EITHER EXPRESS OR IMPLIED, CONCERNING THE NURSERY STOCK OR PRODUCT, ITS DISEASE STATUS OR CONCERNING ANY GRAFTING OR GROW OUT SERVICES SUPPLIED BY NOVAVINE. NOVAVINE MAKES NO WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. NOVAVINE MAKES NO WARRANTIES WHATSOEVER WITH RESPECT TO ANY SCION OR ROOTSTOCK SUPPLIED TO BUYER INCLUDING TRUENESS TO TYPE.**

Novavine's replacement policy allows up to 2% of total vines purchased to be replaced at no charge to the Buyer if the vines purchased are diseased or materially defective; PROVIDED THAT Buyer provides verbal notice to Novavine within 48 hours of delivery AND written notice within 7 days of delivery; PROVIDED FURTHER THAT Novavine shall not be obligated to provide such replacements until Buyer has made all payments.

### Cancellation & Return; Remedies

Buyer shall have no right to terminate this contract except as provided below.

Novavine accepts contract revisions in its sole and absolute discretion. Downward contract revisions made post production will result in a forfeit of Buyer deposits, at Novavine's sole and absolute discretion.

Novavine will accept **NO RETURN** of any Product due to phytosanitary / contamination risks.

**BUYER AGREES THAT BUYER'S SOLE REMEDY AND NOVAVINE'S SOLE LIABILITY FOR BREACH OF ANY PROVISION OF THIS CONTRACT OR FOR ANY NEGLIGENCE OF NOVAVINE OR ANY OTHER TORT RELATING TO NOVAVINE'S PERFORMANCE HEREUNDER INCLUDING, WITHOUT LIMITATION, BREACH OF ANY REPRESENTATION OR WARRANTY, IS A REFUND OF THE SUMS PAID BY BUYER HEREUNDER OR REPLACEMENT OF THE NURSERY STOCK. IN NO EVENT SHALL NOVAVINE BE LIABLE FOR ANY OTHER DAMAGES, INCLUDING, WITHOUT LIMITATION, LOST PROFITS, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, AS A RESULT OF SUCH NEGLIGENCE OR TORT OR BREACH OF ANY PROVISION OF THIS CONTRACT.**

### Payments & Schedules

Except to the extent provided in the Schedule attached hereto, the standard payment schedule is as follows:

1st deposit due with signed contract within 14 days of contract date.

2nd deposit due January 1st of delivery year.

Final balance due **upon delivery** of Product.

If Buyer does not comply with the Schedule or the foregoing schedule, as applicable, then Buyer shall be in default under this contract, any deposits made shall remain the property of Novavine and Novavine shall have the right to pursue any remedies available to it. A finance charge of 1 and 1/2% per month, which is equal to 18% per annum will be charged on all accounts over thirty (30) days past due. **BUYER ACKNOWLEDGES AND AGREES THAT THE DEPOSITS OR RETAINERS DESCRIBED ABOVE OR IN THE SCHEDULE SHALL BECOME THE PROPERTY OF NOVAVINE IMMEDIATELY UPON PAYMENT.**

Novavine is not, and will not be responsible for any delays in delivery, loss of plant material or other non-performance arising because of horticulture failure, accidents, fire, weather, strikes, riots, war or other factors that are beyond the control of Novavine (Force Majeur).

If Novavine is delivering plants to Buyer, there must be a person authorized to inspect, receive and count the plants at point of delivery and Buyer must provide a crew to unload the plants.

In the event that Buyer cannot accept delivery within thirty (30) days of notice from Novavine that the Product is ready for delivery or if Buyer fails to provide the authorized person and crew to accept delivery as required above, Novavine shall have the right to charge fees for nursery storage, cold storage, potting, field finishing and/or extra maintenance, all as determined in Novavine's sole discretion, which fees shall not be less than \$0.03 per plant per week, in addition to the total purchase price.

Novavine charges a \$1.75 per mile delivery fee. Mileage is calculated one way, from Novavine to the delivery site.

The following allowances are made against this fee, based on order volume.

2,000 +  
 4,000 +  
 6,000 +  
 7,000 +

50 Miles  
 150 Miles  
 250 Miles  
 350 Miles

Miscellaneous

This contract and the schedules attached hereto contain the entire agreement of the parties with respect to the subject matter of this contract, and supersede all prior negotiations, agreements, contracts and understandings with respect thereto. This contract may only be amended by a written document duly executed by both Buyer and Novavine.

Whenever possible, each provision of this contract shall be interpreted so as to be effective and valid under applicable law. If any provision of this contract is held to be prohibited by, or invalid under, applicable law, the remainder of this contract and any other application of such provision shall not be affected thereby.

This contract may be executed in any number of counterparts, and each such counterpart shall be deemed to be an original instrument. All such counterparts together shall constitute one and the same contract.

This contract shall be governed by, and construed in accordance with, the law of the State of California, without giving effect to principles of conflict of laws.

All notices or other communications hereunder shall be in writing and shall be deemed to have been given when the same are (i) deposited in the United States mail and sent by certified or registered mail, postage prepaid, (ii) sent by a nationally recognized overnight delivery service, (iii) sent by facsimile transmission, or (iv) delivered by hand, in each case, to the parties at the addresses set forth by each party's signature block or at such other addresses as such parties may designate by written notice to the other party.

Novavine holds that the clear understanding of the terms and conditions of this contract is crucial to successful business relations with our customers. If you have any questions or suggested modifications, please contact our office.

**Novavine, a California corporation**

Signed:

\_\_\_\_\_  
 Kari Williams, Office Manager

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

**Address for notices:**

Novavine  
 6735 Sonoma Highway  
 Santa Rosa, CA 95409  
 FAX: 707 539 2819

**BUYER UNDERSTANDS THAT THIS CONTRACT CONTAINS IMPORTANT DISCLAIMERS OF WARRANTIES;  
 I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS CONTAINED ON ALL PAGES OF THIS CONTRACT, INCLUDING THE  
 SCHEDULE ATTACHED HERETO.**

**Strive Vineyards / Desiree Gerth  
 Contract #16-2078**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Sign Here



**Address for notices:**

\_\_\_\_\_

Fax: \_\_\_\_\_

Attention: \_\_\_\_\_

-----IMPORTANT-----

**SEE TERMS, CONDITIONS, DISCLAIMER OF WARRANTIES AND ALL OTHER MATTERS IN THE GENERAL TERMS AND CONDITIONS TO WHICH THIS SCHEDULE IS ATTACHED, ALL OF WHICH ARE INTEGRAL PARTS OF THIS CONTRACT**

### Non-Propagation Agreement

Buyer:

Strive Vineyards  
Desiree Gerth  
3123 East Morris Ranch Road  
Wilcox, AZ 85643

**Order #16-2078**

Material Proprietorship

- Buyer agrees to rules of non propagation for all exclusive material that is the sole
- **BUYER MUST SIGN BELOW IF THIS BOX IS CHECKED:**  
condition of this sale that the "Genetic Property" for all Vivai Coloperitivi Rauscedo (VCR) material involved in this transaction belongs to NovaVine and cannot be sold, transferred, grafted or propagated. No one besides NovaVine is authorized to sell, resale, graft or propagate this material. This material cannot be used in cross-genetic multiplication. Violation of this clause may result in legal action.

Sign Here



Buyer Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

- **BUYER MUST SIGN BELOW IF THIS BOX IS CHECKED:** Buyer agrees as a condition of this sale that the "Genetic Property" for all Tablas Creek Vineyard Selections (TCVS) material involved in this transaction belongs to Tablas Creek Vineyard and cannot be sold, transferred, grafted or propagated. No one besides NovaVine and Tablas Creek Vineyard are authorized to sell, resale, graft or propagate these selections. This Tablas Creek Vineyard Selections material cannot be used in cross-genetic multiplication. Violation of this clause may result in legal action.

Sign Here



Buyer Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

6735 Sonoma Highway  
 Santa Rosa, CA 95409-5723

Tel# (707) 539-5678  
 Fax# (707) 539-2819

# Invoice

Date	Invoice #	Rep
10/1/2015	16-2078-1	SC

**Bill To**  
 Strive Vineyards  
 Desiree Gerth  
 3123 East Morris Ranch Road  
 Wilcox, AZ 85643

**Ship To**  
 Strive Vineyards  
 3123 East Morris Ranch Road  
 Wilcox, AZ 85643

Order #	Due Date	Shipping	Ship Date
16-2078	10/26/2015	Fed-Ex LTL Freight	

Description	Amount
1st Retainer Amount Due	\$6,092.63

Total	\$6,092.63
Payments/Credits	\$0.00
Balance Due	\$6,092.63



1. GPBG: Green potted benchgraft. 2. DFFBG: Dormant, field-finished benchgraft. 3. DPBG: Dormant potted benchgraft. 4. C: Certified/NC: Non-certified/10-2010 protocol.  
 5. All rootstock is California Department of Food and Agriculture certified stock produced in accordance with the regulations of the CDFA Grapevine Nursery Certificate program, unless otherwise stated.  
 6. Restocking fee, up to 20%, will be charged on cancelled orders. 7. All prices are FOB Novavine's Santa Rosa production facility.  
 8. The shipping price is estimated and is subject to change at time of delivery. Any additional charges will be the responsibility of the buyer.



GRAPE PURCHASE AGREEMENT

This Grape Purchase Agreement sets forth specific performance for the sale and purchase of wine grapes made effective this 14<sup>th</sup> day of August, 2015. The agreement covers only the grapes produced by Seller purchased by Buyer for the 2015 crop year, and will terminate upon full payment of the purchase total, or as mutually agreed by both parties.

SELLER:

Golden Rule Vineyards  
 Cochise Groves Farming, Inc.  
 3649 N. Golden Rule Road  
 Cochise, AZ 85606

BUYER:

Strive Vineyards  
Ryan & Desiree Gerth  
2912 E. Binner Drive  
Chandler, AZ 85225

GRAPES TO BE PURCHASED:

VARIETY	TONS	PRICE PER TON	VALUE	BRIX RANGE
Sangiovese	<u>0.6</u>	\$2,000.00	<u>1200<sup>00</sup></u>	_____
Syrah	_____	\$2,000.00	_____	_____
Zinfandel	_____	\$1,600.00	_____	_____
Cabernet Sauvignon	_____	\$2,000.00	_____	_____
Petite Sirah	_____	\$2,000.00	_____	_____
Grenache	_____	\$2,000.00	_____	_____
Mourvedre	_____	\$2,000.00	_____	_____
TOTAL	<u>0.6</u>		<u>1200<sup>00</sup></u>	

2015 MAY 12 11:49 AM 3:14

CONDITIONS OF PURCHASE:

1. QUANTITY: Seller will make a reasonable and sincere effort to produce the quantity of grapes specified in this agreement. Buyer will specify the quantity in tons or pounds desired. An estimate of yield per acre will be provided to Buyer by Seller at the signing of agreement. Seller will provide Buyer with a precise number of rows in the block of the variety(ies) desired by Buyer that will produce the estimated quantity specified by Buyer. Buyer agrees to purchase the quantity of fruit produced by the specified rows regardless of whether the quantity produced is more or less than the estimated production. In the case that the quantity produced is less than the quantity Buyer desires, Seller may at its discretion provide additional grapes from the same variety block to fulfill the production estimate. In the event Buyer desires to purchase more grapes at harvest, Seller will make a reasonable and sincere effort to fulfill the request.
2. QUALITY: Seller will make a reasonable and sincere effort to produce the quality of grapes specified in this agreement. Quality will be defined as sucrose content in degrees brix desired by Buyer. Buyer will identify in this agreement a range of degrees brix considered to be optimal. It is understood by both Seller and Buyer that field sampling and juice sampling following crush can vary. An essential aspect of this agreement is that Seller and Buyer will be in close communication regarding brix sampling in determining harvest schedule decisions.
3. CULTURAL PRACTICES: Seller will make a reasonable and sincere effort to produce grapes that are grown with standard acceptable best management practices. Seller agrees to limit external damage factors such as bird damage (by netting or electronic protection), and sunburn (by protective canopy management) to the extent reasonably possible. Seller will make a reasonable and sincere effort to protect grapes from botrytis and other fungal pathogens by utilizing a fungicide program prescribed by a qualified crop advisor. Damage to grapes from external factors beyond the control of Seller (hail damage, wind damage, rain damage) will not be cause for Buyer to terminate agreement as long as grapes of reasonable quality can be harvested by selective picking. Buyer is encouraged to personally monitor the development of the crop through the summer and particularly as harvest approaches. Seller agrees to consider specific requests from Buyer related to treatment of the rows designated for purchase by Buyer. Reasonable requests will be honored by Seller to the extent that quantity and quality are enhanced and maintained.
4. HARVEST: The decision to harvest will be determined by degrees brix as specified in this agreement, and by mutually determined scheduling by Seller and Buyer. Seller is responsible for harvest labor cost. Buyer will provide a suitable number of bins in which harvested grapes are to be transported. . A reasonable and sincere effort will be made by Seller to complete harvest by 2:00 PM each day and earlier, if possible. If special treatment of the harvested grapes is requested by Buyer (e.g. SO<sub>2</sub>), Buyer will provide any materials or products needed to fulfill the request. Buyer or an authorized representative of the Buyer will have the opportunity to observe harvest and to sort and reject grapes that are not suitable. Once acceptance of the grapes at the field is confirmed by Buyer or its authorized representative, and upon loading grapes into or onto transportation provided by Buyer, title to the grapes will pass to the Buyer and full payment for the grapes according to terms specified in this agreement will become an obligation of the Buyer.
5. WEIGHING: Seller will be responsible for accurately weighing the grapes at the vineyard, and will be responsible for reporting harvested weight to Buyer. Buyer is entitled to check harvested weight at destination winery. If a significant difference is noted, and the scale at the winery is a certified scale, the

GRAPE PURCHASE AGREEMENT

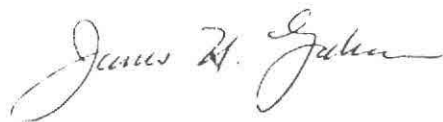
certified scale weights will be used to determine grape purchased weight. If the scale at the winery is not certified, both scales will be checked for accuracy against a third certified scale, and any re-calculation of weight determined to be required will be accepted by both Seller and Buyer.

6. TRANSPORTATION: Buyer will provide transportation of harvested grapes to a winery of its choice. Seller will be responsible for loading bins onto or into trucks or trailers provided by Buyer.

7. TERMS: Buyer will pay to Seller upon signing this document 25% of the total price calculated for the purchase of grapes as specified in this agreement. Upon completion of harvest and with reasonable time to provide accurate yield totals, but in no case after November 1, 2015, a payment will be made to Seller from Buyer that when added to the previous payment will equal 50% of the total recalculated amount due to Seller. The remaining 50% of the recalculated total will be paid by Buyer to Seller on or before January 1, 2016. Any payment(s) due and not paid in a timely manner will accrue interest at the rate of 1.5% each month prorated per day of delinquency.

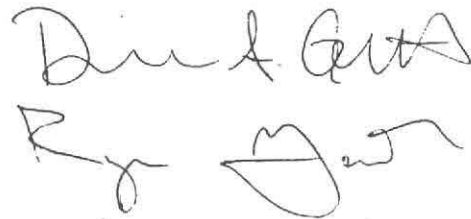
IN WITNESS HEREOF confirming the acceptance of the terms of this agreement, Seller and Buyer hereto affix authorized signatures on the date written above.

SELLER:



James H. Graham  
Golden Rule Vineyards  
Cochise Groves Farming, Inc.  
3649 N. Golden Rule Road  
Cochise, AZ 85606

BUYER:



Desiree & Ryan Gerth  
Strive Vineyards  
2912 E. Binner Drive  
Chandler, AZ 85225