

State of Arizona
Department of Liquor Licenses and Control

Created 06/05/2025 @ 03:26:12 PM

Local Governing Body Report

LICENSE

Number: Type: 018 CRAFT DISTILLER
Name: SAINT ISIDORE VINEYARDS
State: Pending
Issue Date: Expiration Date:
Original Issue Date:
Location: 3465 E FAWN RANCH ROAD
PEARCE, AZ 85625
USA
Mailing Address: 850 N WOODBURNE DRIVE
CHANDLER, AZ 85224
USA
Phone: (480)216-4100
Alt. Phone:
Email: JOSEPHPMONKS@YAHOO.COM

AGENT

Name: JOSEPH P MONKS
Gender: Male
Correspondence Address: 850 N WOODBURNE DRIVE
CHANDLER, AZ 85224
USA
Phone: (480)216-4100
Alt. Phone:
Email: JOSEPHPMONKS@YAHOO.COM

OWNER

Name: DOUBLE KILO LLC
Contact Name: JOSEPH P MONKS
Type: LIMITED LIABILITY COMPANY
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 850 N WOODBURNE DRIVE
CHANDLER, AZ 85224
USA
Phone: (480)216-4100
Alt. Phone:
Email: JOSEPHMONKS@YAHOO.COM

60th day - 08/04/2025
105th day - 08/28/2025

Officers / Stockholders

Name: MONKS FAMILY REVOCABLE TRUST DATED 11/23/2005
Title: Member
% Interest: 100.00

**MONKS FAMILY REVOCABLE TRUST DATED
11/23/2005 - Trustee**

Name: VICTORIA ANNE MONKS
Gender: Female
Correspondence Address: 850 N WOODBURNE DRIVE
CHANDLER, AZ 85224
USA
Phone: (623)451-1773
Alt. Phone:
Email: VICKIMONKS@MSN.COM

**MONKS FAMILY REVOCABLE TRUST DATED
11/23/2005 - Trustee**

Name: JOSEPH PATRICK MONKS
Gender: Male
Correspondence Address: 850 N WOODBURNE DRIVE
CHANDLER, AZ 85224
USA
Phone: (480)216-4100
Alt. Phone:
Email: JOSEPHPMONKS@YAHOO.COM

DOUBLE KILO LLC - Member

Name: MONKS FAMILY REVOCABLE TRUST DATED 11/23/2005
Contact Name: JOSEPH PATRICK MONKS
Type: TRUST
AZ CC File Number: State of Incorporation:
Incorporation Date:
Correspondence Address: 850 N WOODBURNE DRIVE
CHANDLER, AZ 85224
USA
Phone: (480)216-4100
Alt. Phone:
Email: JOSEPHPMONKS@YAHOO.COM

APPLICATION INFORMATION

Application Number: 348394
Application Type: New Application
Created Date: 05/16/2025

MM

QUESTIONS & ANSWERS

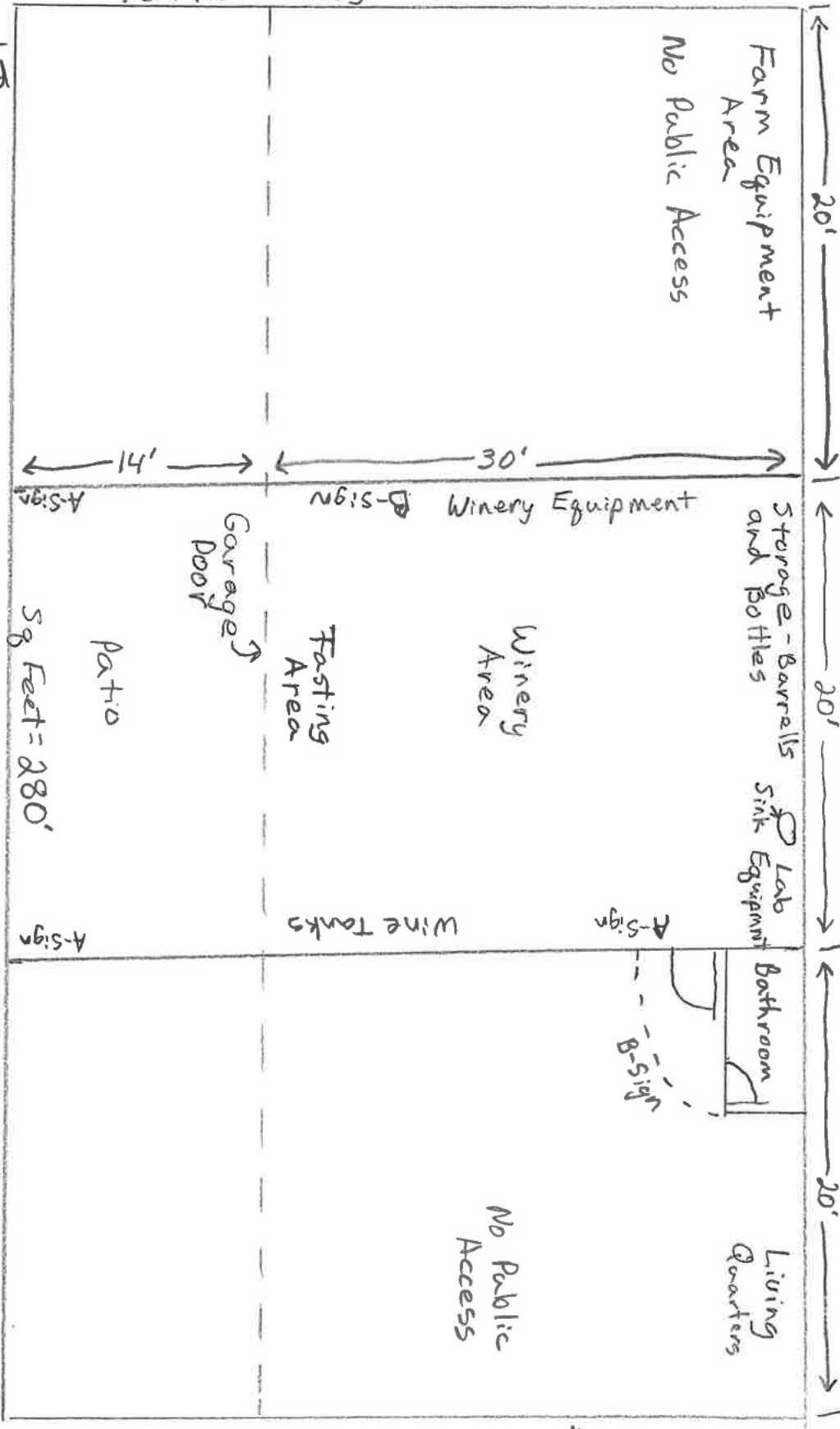
018 Craft Distiller

- 1) Are you applying for an Interim Permit (INP)?
No
- 2) Are you one of the following? Please indicate below.
Property Tenant
Subtenant
Property Owner
Property Purchaser
Property Management Company
OWNER
- 3) Is there a penalty if lease is not fulfilled?
No
- 4) Is the Business located within the incorporated limits of the city or town of which it is located?
No
If no, in what City, Town, County or Tribal/Indian Community is this business located?
COCHISE COUNTY
- 5) What is the total money borrowed for the business not including the lease?
Please list each amount owed to lenders/individuals.
NONE-SELF FUNDED
- 6) Is there a drive through window on the premises?
No
- 7) Does the establishment have a patio?
Yes
Is the patio contiguous or non-contiguous?
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?
07/01/2025

Saint Isidore Vineyards - 3465 E Fawn Ranch Rd Farm Winery #13 Pearce AZ 85625

↑
Entrance
Fawn Ranch Rd

← 2



A-Sign - "No Alcohol Beyond this point"
 B-Sign - "No Public Access"

251HI 15AM 9/22 AZD1

D-Building Location

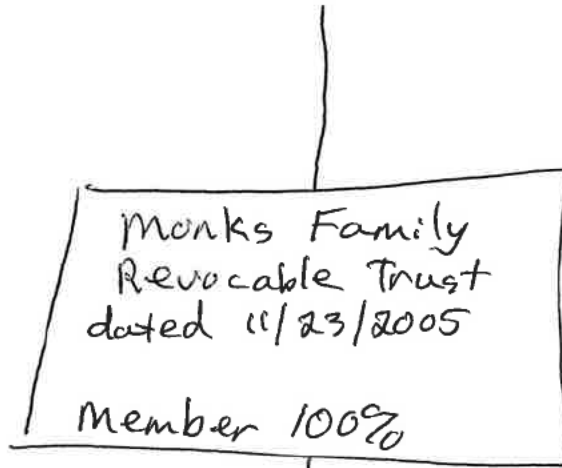


Saint Isidore Vineyards

25 MAY 15 AM 9:22 AZD LLC



Double kilo, LLC



Joseph Monks
Trustee

Victoria Monks
Trustee



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

DLLC USE ONLY

Fee:
Job #: 348394
Date Accepted: 3-16
CSR:

Personal Information Questionnaire

FP pending
805-690

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

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

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

A.R.S. §4-202(A).

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

A.R.S. §4-101(10).

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

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

SECTION - 1 INDIVIDUAL INFORMATION

AGENT ^(we) CONTROLLING PERSON MANAGER

- Name: Monks Joseph P
Last First Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record) (NOT a public record)
- Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: [REDACTED]
- Email address: Josephpmonks@yahoo.com
- Home Address: 850 N Woodburne Dr, Chandler, AZ 85224
- Daytime phone #: 480-216-4100 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): St Isidore Vineyards
- Business Address: 3465 E Fawn Ranch Rd, Pearce, AZ 85125

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

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

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

Name of persons who will be handling the day to day operations: Joseph (Joe) Monks

SECTION 4 – BACKGROUND

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

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

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

Signature: _____



Date: _____

5/6/25



ALIEN STATUS

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

Type or Print with **Black Ink**

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

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

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

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

SECTION I – APPLICANT INFORMATION

APPLICANT NAME (Print or type) Joseph Monks

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 Yuma State AZ COUNTRY USA

If you answered **Yes, 1)** Attach a legible copy of a document from the list below.
2) Name of document: AZ DL [REDACTED]

If you answered **No**, you must complete Sections III.

SECTION III – QUALIFIED ALIEN DECLARATION

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

Name of document provided

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

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

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

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

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

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

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

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


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

Joseph Monks
Print Name



Signature

5/7/25
Date

Arizona DRIVER LICENSE USA




3 CLASS D 4d DEN [REDACTED]
 5a END NONE 3 DOB [REDACTED]
 12 REST NONE
 1 MONKS
 2 JOSEPH PATRICK
 8 850 N WOODBURNE DR
 CHANDLER, AZ 852243453
 4b EXP 10/29/2029 4a ISS 10/29/2021
 15 SEX M 18 EYES BRO
 16 HGT 5'-07" 19 HAIR BAL
 17 WGT 165 lb
 DONOR ♥
 5 [REDACTED]




04/25/69

Arizona DRIVER LICENSE USA



3 CLASS D 4d DEN [REDACTED]
 5a END NONE 3 DOB [REDACTED]
 12 REST NONE
 1 MONKS
 2 VICTORIA ANNE
 8 850 N WOODBURNE DR
 CHANDLER, AZ 852243453
 4b EXP 04/26/2030 4a ISS 04/26/2022
 15 SEX F 18 EYES BLU
 16 HGT 5'-05" 19 HAIR BRO
 17 WGT 145 lb
 DONOR ♥
 5 [REDACTED]



04/28/69

Certificate # ON-LINE

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

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

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

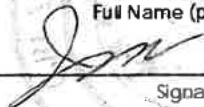
The State requires BASIC Title 4 training only as a prerequisite for MANAGEMENT Title 4 training or as a result of a liquor law violation. Persons required to have BASIC Title 4 training are listed at the base of this Certificate. Licensees sometimes require BASIC Title 4 Training a condition of employment.

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

Joseph Monks

Full Name (please print)



Signature

05/07/2025

Training Completion Date

05/07/2028

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness

Company Name

P.O. Box 6252, Chandler, Arizona 85246

Mailing Address

(480) 664-0389

Daytime Contact Phone Number

Jared Repinski

Instructor Name (please print)

I, Jared Repinski, 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).



Instructor Signature

07 / 05 / 2025

Day Mo Year

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

- | | | | |
|----------------------------------|----------------------------------|--------------------------|--------------------------------------|
| In-state Microbrewery (series 3) | 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.

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

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

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

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

Student Information

Joseph Monks

Full Name (please print)



Signature

05/07/2025

Training Completion Date

05/07/2028

Certificate Expiration Date
(three years from completion date)

Training Provider Information

AATF – All-Star Alcohol Awareness

Company Name

P.O. Box 6252, Chandler, Arizona 85246

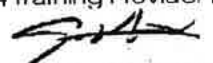
Mailing Address

(480) 664-0389

Daytime Contact Phone Number

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

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



Instructor Signature

07 / 05 / 2025

Day Mo Year

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Restaurant (series 12)

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

Bar (series 6)
Private Club (series 14)

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

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

DLLC USE ONLY

Fee:
Job #: 348394
Date Accepted: 3-16
CSR:

Personal Information Questionnaire

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

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

SECTION - 1 INDIVIDUAL INFORMATION

AGENT CONTROLLING PERSON MANAGER

- Name: Monks Victoria Anne
Last Middle
- Social Security #: [REDACTED] Birth Date: [REDACTED]
(NOT a public record)
- Driver's License #: [REDACTED] State Issued: AZ
(NOT a public record)
- Are you a resident of Arizona? Yes No Date of residency: 08/01/1987
- Email address: vickimonks@msn.com
- Home Address: 850 N Woodburne Drive Chandler AZ 85224
- Daytime phone #: 623-451-1773 Alternative phone #: _____

SECTION 2 - LICENSED BUSINESS INFORMATION

- Liquor License #: _____
- Business Name (doing business as): St Isidore Vineyards
- Business Address: 3465 E Fawn Ranch Rd, Pearce AZ 85625

SECTION 3 – DAY TO DAY OPERATION OF BUSINESS

7/25/14 15 AM 9:22 AZD LLC

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

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

Name of persons who will be handling the day to day operations: Joseph Monks (Joe)

SECTION 4 – BACKGROUND

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

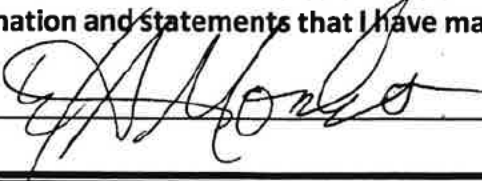
1. Have you owned, or been a controlling person of any entities that held a liquor license in Arizona, or any jurisdiction, in the past 5 years? Yes No

2. Have you been cited, arrested, indicted, convicted, or required to appear in court for violation of ANY criminal law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past 5 years? Yes No

3. Has an entity in which you are or have been a controlling person had an application or license rejected, denied, revoked, or suspended in or outside of Arizona within the last 5 years? A.R.S. §4-202(D) Yes No

4. Have you had ANY administrative law citations, compliance actions, or consents, in any jurisdiction in the past 5 years? (Do not include civil traffic tickets) Yes No
A.R.S. §4-202, 4-210
*Administrative Law Violations are any civil penalties, fines, suspension, or revocations of your liquor license.

5. Has anyone EVER obtained a judgement against you the subject of which involved fraud or misrepresentation? Yes No

I, (Print Full Name) Victoria Monks hereby swear under penalty of perjury and in compliance with A.R.S. § 4-210(A)(2) and (3) that I have read and understand the foregoing and verify that the information and statements that I have made herein are true and correct to the best of my knowledge.
Signature:  Date: 5/6/25