

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

Created 08/28/2025 @ 10:52:06 AM

Local Governing Body Report

**LICENSE**

|                      |  |                  |                 |
|----------------------|--|------------------|-----------------|
| Number:              |  | Type:            | 013 FARM WINERY |
| Name:                | SAINT ISIDORE VINEYARDS                            |                  |                 |
| State:               | Pending  |                  |                 |
| Issue Date:          |  | Expiration Date: |                 |
| Original Issue Date: |  |                  |                 |
| Location:            | 3465 E FAWN RANCH ROAD<br>PEARCE, AZ 85625<br>USA  |                  |                 |
| Mailing Address:     | 850 N WOODBURNE DRIVE<br>CHANDLER, AZ 85224<br>USA |                  |                 |
| Phone:               | (480)216-4100                                      |                  |                 |
| Alt. Phone:          |  |                  |                 |
| Email:               | JOSEPHMONKS@YAHOO.COM                              |                  |                 |

**AGENT**

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

**OWNER**

|                         |  |                            |
|-------------------------|--|----------------------------|
| Name:                   | DOUBLE KILO LLC                                    |                            |
| Contact Name:           | JOSEPH P MONKS                                     |                            |
| Type:                   | LIMITED LIABILITY COMPANY                          |                            |
| AZ CC File Number:      | L12638154  | State of Incorporation: AZ |
| Incorporation Date:     | 02/14/2006   |                            |
| Correspondence Address: | 850 N WOODBURNE DRIVE<br>CHANDLER, AZ 85224<br>USA |                            |
| Phone:                  | (480)216-4100                                      |                            |
| Alt. Phone:             |  |                            |
| Email:                  | JOSEPHMONKS@YAHOO.COM                              |                            |

60<sup>th</sup> day: 10/27/25  
105<sup>th</sup> day: 11/24/25

**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: 357054  
Application Type: New Application  
Created Date: 08/11/2025

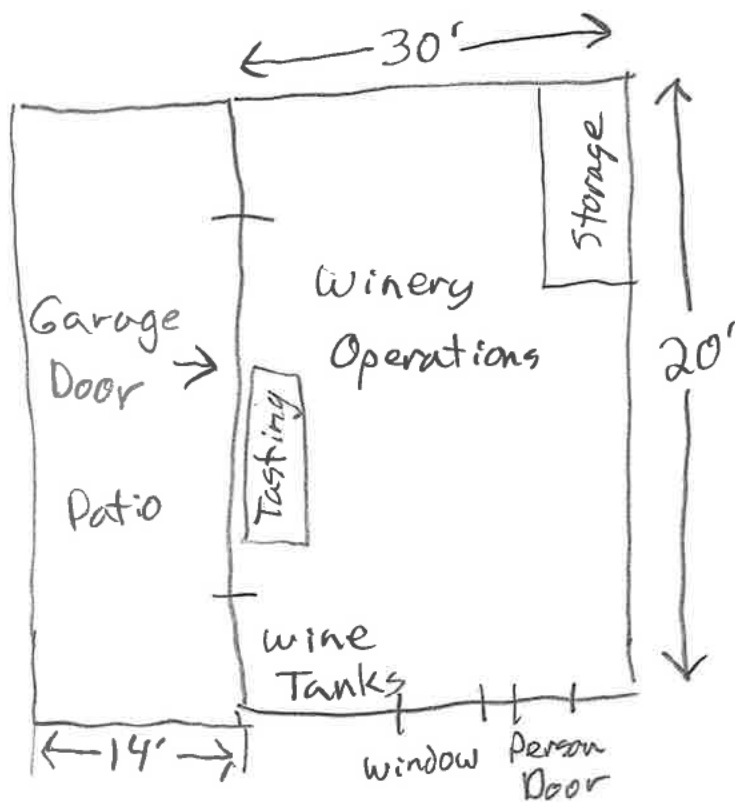
## QUESTIONS & ANSWERS

### 013 Farm Winery

- 1) Are you applying for an Interim Permit (INP)?  
No
- 2) Are you one of the following? Please indicate below.  
Property Tenant  
Subtenant  
Property Owner  
Property Purchaser  
Property Management Company  
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.  
NA
- 6) Are there walk-up or drive-through windows on the premises?  
No
- 7) Does the establishment have a patio?  
Yes  
Is the patio contiguous or non-contiguous (within 30 feet)?  
CONTIGUOUS
- 8) Is your licensed premises now closed due to construction, renovation or redesign or rebuild?  
No

Double Kilo, LLC  
dba Saint Isidore Vineyards  
3465 E Fawn Ranch Rd

25 AUG 11 AM 10:57 AZDL



Sq Footage Interior - 600 sq Ft  
Patio - 280 sq Ft  
Total - 880 sq Ft

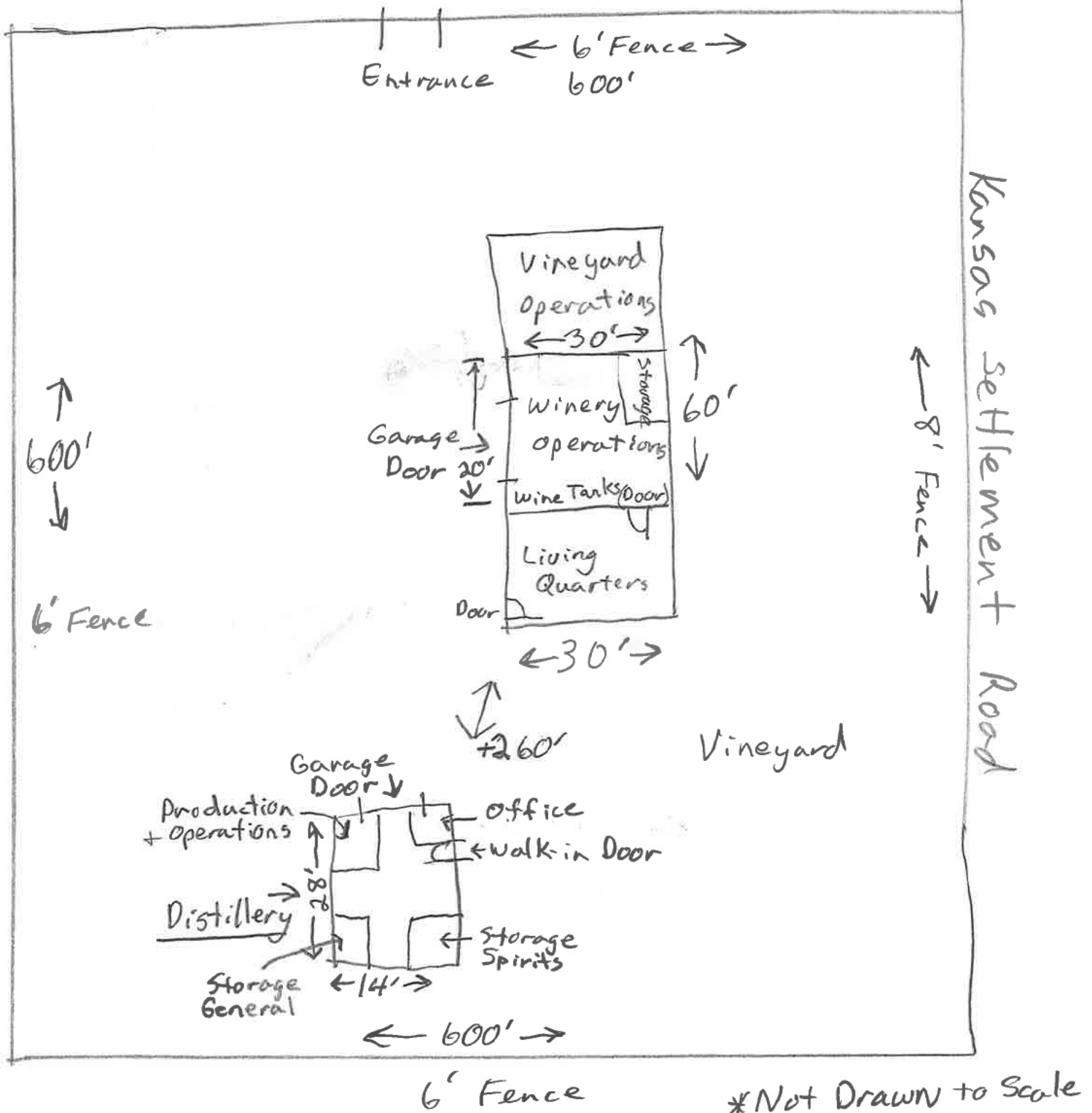
⊗ Not Drawn to Scale

# Saint Isidore Vineyard

25 AUG 11 AM 10:57 AZD LLC

## Double Kilo, LLC

3465 Fawn Ranch Road



Double Kilo, LLC  
dba Saint Isidore Vineyards



100% Monks Family Revocable Trust  
dated November 23, 2005  
member

Joseph Monks  
Manager/Trustee

Victoria Monks  
Trustee

## Certificate of Trust

The undersigned Trustor(s) and Trustee(s) hereby certify the following:

1. This Certificate of Trust refers to the MONKS FAMILY REVOCABLE TRUST dated the 23<sup>d</sup> day of NOVEMBER, 2005, and any amendments thereto, under a revocable trust agreement executed on the 23<sup>d</sup> day of NOVEMBER 2005 by JOSEPH P. MONKS and VICTORIA A. MONKS as Trustors.
2. The initial Trustee(s) of the Trust is:  

JOSEPH P. MONKS and VICTORIA A. MONKS
3. The Trustee currently serving is:  

JOSEPH P. MONKS and VICTORIA A. MONKS
4. The Social Security Number of the Trustor may be used as the Taxpayer Identification Number (TIN) or (EIN) for the Trust. The Trustor's Social Security Number is 527-61-8747 (JOSEPH P. MONKS).
5. Unless otherwise provided in the Trust Agreement, when we are serving as Trustees under the Trust, we may conduct business and act on behalf of the Trust without the consent of any other Trustee.
6. The Trustee(s) under the Trust agreement is/are authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in my Trust name. All powers of the Trustee(s) are fully set forth in Article Eleven of the Trust Agreement.
7. The Trust has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over trust property.
8. No person or entity paying money to or delivering property to the Trustee shall be required to see to its application. All persons relying on this document regarding the Trustee(s) and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance. A copy of this Certificate of Trust shall be just as valid as the original.

The undersigned certify that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Maricopa, State of Arizona on the 23 day of November, 2005.

Trustors:

  
\_\_\_\_\_  
JOSEPH P. MONKS

  
\_\_\_\_\_  
VICTORIA A. MONKS


Trustees:

  
\_\_\_\_\_  
JOSEPH P. MONKS

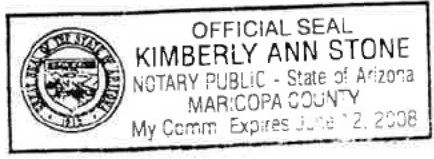
  
\_\_\_\_\_  
VICTORIA A. MONKS

STATE OF ARIZONA                    )  
  ) ss.  
COUNTY OF MARICOPA            )

The foregoing instrument was acknowledged before me on this 23 day of November, 2005 by Joseph Monks & Victoria Monks

  
\_\_\_\_\_  
Notary Public

My Commission Expires: 6-12-08



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

**BASIC PERMIT**

(Under Federal Alcohol Administration Act)

1. PERMIT NUMBER

AZ-W-21128

2. DATE OF PERMIT

08/05/2025

3. REGISTRY NUMBER (if applicable)

BWN-AZ-21120

4. DATE OF APPLICATION

05/31/2025

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

DOUBLE KILO, LLC

DBA:SAINT ISIDORE VINEYARDS

3465 E FAWN RANCH RD  
PEARCE, AZ 85625



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

See Attached

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

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

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

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

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

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

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

|                      |   |   |
|----------------------|---|---|
| THIS IS AN           | <input checked="" type="checkbox"/> ORIGINAL PERMIT | <input type="checkbox"/> AMENDED PERMIT |
| REASON FOR AMENDMENT | DATE OF AMENDMENT                                   |   |

SIGNATURE AND TITLE OF AUTHORIZED TTB OFFICIAL

*Dawn Patten*

**AUTHORIZED TRADE NAMES**

25 AUG 11 AM 10:57 AZD LLC

\*Used for Contract Bottling or Packaging/Branding Purposes

PERMIT NUMBER: AZ-W-21128

REGISTRY NUMBER: BWN-AZ-21120

**TYPE**

Labeling Trade Name

**TRADE NAME**

Saint Isidore Vineyards

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**REASON FOR AMENDMENT**



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

25 AUG 11 AM 10:57 AZDLLC  
DLLC USE ONLY

|                |         |
|----------------|---------|
| Fee:           |         |
| Job #:         | 357054  |
| Date Accepted: | 8/11/25 |
| CSR:           | JT      |

fp current 5/23/27

805-690

# Personal Information Questionnaire

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

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

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

A.R.S. §4-202(A).

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

A.R.S. §4-101(10).

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

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

## SECTION - 1 INDIVIDUAL INFORMATION

*mm*

AGENT       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: 04 / 25 / 1969
- 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 #: Federal AZ-W 21128 *Jim*
- Business Name (doing business as): Saint Isidore Vineyards
- Business Address: 3465 E Fawn Ranch Road, Pearce, AZ, 85625

**SECTION 3 – DAY TO DAY OPERATION OF BUSINESS** 25 AUG 11 AM 10:58 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

**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: 8/9/2025



# 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: Arizona Drivers License

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

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

25 AUG 11 AM 10:58 AZD LLC

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

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

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

**SECTION III – QUALIFIED ALIEN 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 etseq.];
- 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

08/09/2025  
\_\_\_\_\_  
Date

**Arizona** DRIVER LICENSE USA




1 CLASS D  
2 END NONE  
3 REST NONE

4 MONKS  
5 JOSEPH PATRICK  
6 850 N WOODBURN DR  
7 CHANDLER AZ 852243453

8 EXP 10/29/2029 9 ISS 10/29/2021

10 SEX M 11 EYES BRO  
12 HGT 5-07 13 HAIR BAL

14 WGT 155 lb

DONOR 

15 DD 1066010F3M1E104

16 [REDACTED]

17 [REDACTED]

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

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**

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

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



Instructor Signature

07 / 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)  
Conveyance (series 8)  
Restaurant (series 12)

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

Bar (series 6)  
Private Club (series 14)

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

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

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

Certificate # ON-LINE

\*25 AUG 11 AM 10:58 AZD LLC

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

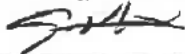
(480) 664-0389

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

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



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

DLLC USE ONLY

|                |         |
|----------------|---------|
| Fee:           |         |
| Job #:         | 357054  |
| Date Accepted: | 8/11/25 |
| CSR:           | JT      |

fp current 5/23/27

805-690

# Personal Information Questionnaire

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

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

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

A.R.S. §4-202(A).

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

A.R.S. §4-101(10).

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

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

## SECTION - 1 INDIVIDUAL INFORMATION

AGENT       CONTROLLING PERSON       MANAGER

- Name: Monks Victoria A
- 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: 06 / 04 / 2003
- Email address: vickimonks@msn.com
- Home Address: 850 N Woodburne Dr, Chandler, AZ 85224
- Daytime phone #: 623-451-1773 Alternative phone #: \_\_\_\_\_

## SECTION 2 – LICENSED BUSINESS INFORMATION

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

**SECTION 3 – DAY TO DAY OPERATION OF BUSINESS**

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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

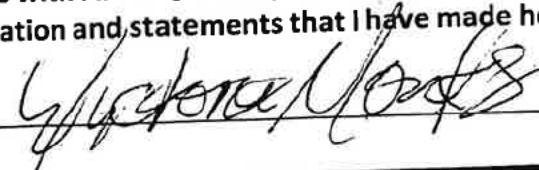
Name of persons who will be handling the day to day operations: Joseph Monks

**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) 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: 08/09/2025