



Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez
Deputy Clerk

Administration Division
130 W. Congress, 5th Floor
Tucson, AZ 85701
Phone: (520) 724-8449 • Fax: (520) 222-0448

Document and Micrographics Mgt. Division
1640 East Benson Highway
Tucson, Arizona 85714
Phone: (520) 351-8454 • Fax: (520) 791-6666

October 30, 2017

Michael Joseph Basha
AJ's No. 122
P.O. Box 488
Chandler, AZ 85244

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 07103001
AJ's No. 122

Dear Mr. Basha:

Notice is hereby given that the Pima County Board of Supervisors will hold a hearing in reference to the above application. Please be advised that the hearing has been scheduled for Tuesday, November 21, 2017, at 9:00 a.m. or thereafter, to be held at the following location:

Pima County Administration Building
Board of Supervisors Hearing Room
130 West Congress, 1st Floor
Tucson, Arizona 85701

If you have any questions pertaining to this hearing, please contact this office at (520)724-8449.

Sincerely,

A handwritten signature in cursive script that reads "Julie Castañeda".

Julie Castañeda
Clerk of the Board



Pima County Clerk of the Board

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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Alina Bárcenas *AB*
Administrative Support Specialist Senior

DATE: September 27, 2017

RE: Sheriff's Report - Application for Agent Change/Acquisition of Control/
Restructure

Attached is the application of:

Michael Joseph Basha
d.b.a. AJ's No. 122
2805 E. Skyline Drive
Tucson, AZ 85718

Arizona Liquor License No. 07103001

SHERIFF'S REPORT

DATE: 10/30/17

Is there any reason this application should not be recommended for approval?

NOTHING NOTED

[Signature]
Investigative Support Unit Supervisor

When completed, please return to cob_mail@pima.gov.

OCT 30 17 AM 08:25 PC CLK OF BD
plm



Amend Mem

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

DLIC USE ONLY

Date Processed: 9-15-17
CSR: SG
60th Day: 11-4-17

17-30-0110

SEP 18 2017

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

Agent Change Complete Sections 1,2,3,4,5 & 7
Acquisition of Control Complete Sections 1,2, 3 & 7
Restructure Complete Sections 1,2,3,6 & 7

SECTION 2

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

- 1. Name: Basha Michael Joseph 07103001
2. Owner Name:
3. Business Name:
4. Business Location Address:
5. Is the Business located within the incorporated limits of the above City or Town?
6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation?
7. Mailing Address:
8. Business Phone:
9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock?
10. Has there been any change of Controlling Persons?

SECTION 3

(COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

- 1. List all Controlling Persons to be disclosed, current and new.

Table with columns: New, Last, First, Middle, Title, Address, City, State, Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

- 2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

Table with columns: New, Last, First, Middle, % Owned, Address, City, State, Zip

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

SEP 26 17 PM 04:31 PCC CLK OF BD



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

AZ DLLC

SEP 18 2017

DLLC USE ONLY

Date Processed: 9-15-17
 CSR: SC
 60th Day: 11-4-17

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

NOTE: 1) The fee for an agent change MUST be submitted with this application: \$100.00 for the first application and \$50.00 for each additional application, not to exceed \$1,000.00. (A.R.S. 4-209.H) NOTE 2) the \$100.00 fee for restructure/acquisition of control MUST be submitted with this application. (A.R.S. 4-209.A)

SECTION 1

Check the appropriate boxes

<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,5 & 7	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, 3 & 7	<input type="checkbox"/> Restructure Complete Sections 1,2,3,6 & 7
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SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name: BASHA, MICHAEL JOSEPH - AGENT (EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License # 07103001

2. Owner Name: BASHAS' INC Corp File #: 0044605-4

3. Business Name: AJ'S #122 (Exactly as it appears on Liquor License) Email: store122@bashas.com (If applicable)

4. Business Location Address: 2805 E. Skyline Dr. Tucson Pima 85718 (Do not use P.O. Box Number) City COUNTY Zip

5. Is the Business located within the incorporated limits of the above City or Town? Yes No

6. Does the Business location address have a street address for a City or Town but is actually in the boundaries of another City, Town or Tribal Reservation? Yes No If Yes, what City, Town or Tribal Reservation is this Business located in: _____

7. Mailing Address: PO BOX 488 CHANDLER, AZ 85244 85244 City State Zip

8. Business Phone: 520-232-6240 Daytime Contact Phone 480-940-2224

9. Does this transaction involve the sale of any portion of the percentage of ownership or corporate stock? Yes No If yes, submit a certified copy of minutes.

10. Has there been any change of Controlling Persons? Yes No if yes, submit a copy of the minutes, amended articles of organization and/or amended operating agreement showing change

SECTION 3 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each new person listed in section III must submit a questionnaire (form LIC0101) and a Department approved fingerprint card which may be obtained at the Department of Liquor. A Controlling Person already disclosed to the Department is not required to submit a questionnaire.

1. List all Controlling Persons to be disclosed, current and new.

New	Last	First	Middle	Title	Address	City	State	Zip
<input type="checkbox"/>	BASHA,	EDWARD	NAJEEB, III	PRESIDENT	2618 E. VIRGO PLACE, CHANDLER, AZ	CHANDLER,	AZ	85249
<input type="checkbox"/>	BASHA,	MICHAEL	JOSEPH	VP	16213 S. 29TH DRIVE, PHOENIX, AZ	PHOENIX,	AZ	85045
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders, percentage owners and/or Controlling Members owning 10% or more

New	Last	First	Middle	% Owned	Address	City	State	Zip
<input type="checkbox"/>	TRUST			16.49	15 BULLMOOSE DRIVE, CHANDLER, AZ	CHANDLER,	AZ	85224
<input type="checkbox"/>	TRUST			12.37	8827 E. SHANNON DRIVE, TEMPE, AZ	TEMPE,	AZ	85284
<input type="checkbox"/>	RISHWAIN,	KAREN	SYLVIA	10.31	3287 W. MOREING CT, STOCKTON, CA	STOCKTON,	CA	95204
<input type="checkbox"/>	NO ONE ELSE OWNS 10% OR MORE							

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

If the ownership is owned by another entity, ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND 10% OR MORE OWNERS FOR THE ENTITIES. Attach additional sheets as necessary in order to disclose all persons.

SEP 25 17 PM 04:31 PCC/KCF/BJ

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? [] Yes [X] No
If you answered YES, you must provide a copy of your Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider BEFORE YOUR APPLICATION FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you answered NO, go to question 2.

2. Is there a current Manager at this license premises disclosed to the Department with the current Basic and Management Training Certificate? [X] Yes [] No

If yes, Name of current Manager: Reynolds James Keith (Last First Middle)

Basic Training [X] Yes [] No

Management Training [X] Yes [] No

If "NO" for 1 and 2, a Manager with a current Basic and Management Training Certificate obtained from a Department approved Liquor Law training provider must be submitted within 30 days after filing the application for Agent Change, Acquisition of Control or Restructure.

SECTION 5

(COMPLETE THIS SECTION FOR AGENT CHANGE)

To be completed by the INDIVIDUAL OR EXISTING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:

1. License # _____

2. Current Agent Name: _____ (Exactly as it appears on license) Last First Middle

I, (Print full name) _____, hereby consent to the appointment of Agent for this license. I agree to immediately assign a new Agent in the event that I am unable to discharge the duties of Agent for this license. I have not been convicted of a felony in the last five (5) years.

X _____ (Controlling Person/Existing Agent)

State of _____ County of _____ The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ of _____, _____ Day Month Year

Signature of NOTARY PUBLIC

SECTION 6

(COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? [X] YES [] NO

If YES, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

Type of new ownership:

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
[X] CORPORATION
[] LIMITED LIABILITY CO.
[] MANAGEMENT CO.
[] TRIBE
[] TRUST
[] OTHER (Explain) _____

- [] J.T.W.R.O.S.
[] INDIVIDUAL
[] PARTNERSHIP
[X] CORPORATION
[] LIMITED LIABILITY CO.
[] MANAGEMENT CO.
[] TRIBE
[] TRUST
[X] OTHER (Explain) AOC

SECTION 7 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

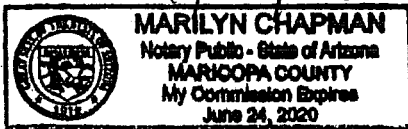
I, (Print full name) MICHAEL JOSEPH BASHA, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

X _____ (Controlling Person/Existing Agent)

State of AZ County of Maricopa The foregoing instrument was acknowledged before me this

My commission expires on: 6/24/20

1st of August, 2017 Day Month Year



Signature of NOTARY PUBLIC

BASHAS' INC. OFFICERS

<i>TITLE</i>	<i>NAME</i>	<i>ADDRESS</i>	<i>CITY-STATE-ZIP</i>
PRESIDENT CHIEF OPERATING OFFICER	Edward Najeeb Basha, III	2618 E. VIRGO PLACE	CHANDLER, AZ 85249
VICE PRESIDENT	Michael Joseph Basha	16213S. 29 th DRIVE	PHOENIX, AZ 85045

STOCKHOLDERS

<i>STOCKHOLDERS</i>	<i>ADDRESS</i>	<i>CITY/STATE/ZIP</i>	<i>% OF OWNERSHIP</i>
Edward Najeeb Basha Trust – Nadine Kay Mathis, Trustee	15 BULLMOOSE DRIVE	CHANDLER, AZ 85224	16.49
Constance Vitale Trust – Azez Najeeb Basha, Trustee	8827 E. SHANNON DRIVE	TEMPE, AZ 85284	12.37
Karen Sylvia Rishwain - Stockholder	3287 W. MOREING CT.	STOCKTON, CA 95204	10.31