

Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy
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

November 14, 2014

Michael Joseph Basha
Bashas' No. 52
PO Box 488
Chandler, AZ 85244

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 09100144S
Bashas' No. 52

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, December 2, 2014, at 9:00 a.m. or thereafter, to be held at the following location:

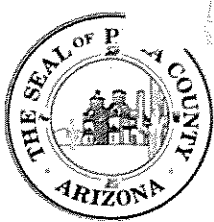
Pima County Administration Building
Board of Supervisors Hearing Room
130 West Congress, 1st Floor
Tucson, Arizona 85701

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 "Robin Brigode".

Robin Brigode
Clerk of the Board



Mary Jo Furphy
Deputy Clerk

Pima County Clerk of the Board

Robin Brigode

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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Bernadette Russell *BR*
Administrative Support Specialist

DATE: October 27, 2014

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

Attached is the application of:

Michael Joseph Basha
d.b.a. Bashas' No. 52
15310 N. Oracle Road Tucson, AZ 85739

Arizona Liquor License No. 09100144S

SHERIFF'S REPORT

DATE: 11/06/14

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

Nothing NOTED.

[Signature]
Investigative Support Unit Supervisor

NOV 10 14 PM 10:18 PCLK OF PD *BR*

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
www.azliquor.gov
(602) 542-5141

14-14-0060

14 OCT 9 11:41 PM 4:55

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check
Appropriate
Box

☐ Agent Change

Complete Sections 1,2,3,4,6
(See Note 1 on back)

☒ Acquisition of Control

Complete Sections 1,2, (3,4 if changing Agent), 6

☐ Restructure

Complete Sections 1,2,(3,4 if changing Agent), 5,6
(See Note 2 on back)

SECTION 1 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

1. Name (INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER)

BASHA MICHAEL JOSEPH 091001495
Last First Middle Liquor License #

2. ☒ Corporation ☐ L.L.C. ☐ N/A: Bashas' Inc Corp. File #: 044605-4
(Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: Bashas' #52

4. Business Address: 15310 N Oracle Rd Tucson Ariz 85739
(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. Mailing Address: PO Box 488 Chandler Az 85244
520-575-7300 City State Zip

7. Business Phone: (480) 940-2224 Residence Phone: (480) 940-6722
940-2224

8. Does this transaction involve the sale of any portion of the corporate stock? ☐ YES ☒ NO ☐ N/A If yes, submit a certified copy of minutes.

9. Has there been any change of officers? ☒ YES ☐ NO ☐ N/A If yes, submit a certified copy of minutes.

SECTION 2 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

Each person listed in Section II must submit a personal questionnaire (Form LIC0101) and a Department approved fingerprint card which may be obtained at the Dept. A person appearing in both lists need only submit one questionnaire and fingerprint card.

1. List individual owner or partners or all directors, officers in corp., members in LLC:

Last	First	Middle	Title	Residence Address	City State Zip
See Attached					

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

2. List stockholders or controlling members owning 10% or more of Corp/LLC:

Last	First	Middle	% Owned	Residence Address	City State Zip
See Attached					

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

1/7/2013

Disabled individuals requiring special accommodations please call the Department

Date Received 10/17/2014

CSR M.S.

1. If the corporation/L.L.C. is owned by another entity, ATTACH AN OWNERSHIP AND DIRECTOR / OFFICER / MEMBER DISCLOSURE for the parent entity. Attach additional sheets as necessary in order to disclose real people.

As an Agent, will you be physically present and operating the licensed premises? ☐ YES ☐ NO

If you answered YES, you must provide proof of attendance of a Department approved Liquor Law Training Course within the last five years before your application for Agent can be submitted. If "no" a manager with approved training must be submitted.

14 OCT 9 11:49 AM 4:55

SECTION 4 (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 Number: _____

Date of last renewal: _____

2. Current Licensee or Agent: _____
(Exactly as it appears on license) Last

First

Middle

I, _____, hereby consent to the agent appointment named herein and
(Print full name)

agree to immediately assign a new agent in the event of the death, resignation, or discharge of this agent. I also understand that if the background report shows that I, the corporation, or any officer, director, member, or stockholder have been convicted of a felony in the past five (5) years, I will immediately surrender the license to the Arizona Department of Liquor Licenses and Control and hereby waive all rights to appeal such action.

State of _____ County of _____

X _____
(Signature of INDIVIDUAL/ CORPORATE/CLUB OFFICER/MEMBER)

The foregoing instrument was acknowledged before me this

_____ day of _____

Day

Month

Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

Is there more than one licensed premises involved? ☐ YES ☐ NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

Type of current ownership:

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ TRUST
☐ OTHER Explain _____

Type of new ownership:

- ☐ J.T.W.R.O.S.
☐ INDIVIDUAL
☐ PARTNERSHIP
☐ CORPORATION
☐ LIMITED LIABILITY CO.
☐ TRUST
☐ OTHER Explain _____

SECTION 6 (COMPLETE THIS SECTION FOR AGENT CHANGE, ACQUISITION OF CONTROL OR RESTRUCTURE)

To be completed by INDIVIDUAL OR EXISTING AGENT (if no agent change) OR NEW AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER as listed in Question 1 Section 1:

I, MICHAEL JOSEPH BASHA, hereby declare that I am the APPLICANT filing this application.
(Print full name)

have read the application and the contents and all statements are true, correct and complete.

X _____
(Signature of INDIVIDUAL OR AGENT)

State of AZ County of Maricopa

The foregoing instrument was acknowledged before me this

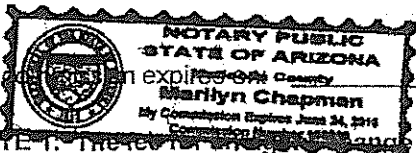
9 day of October

Day

Month

2014 Year

My commission expires on _____



(Signature of NOTARY PUBLIC)

NOTE 1: The fee for this application 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)

BASHAS' INC. OFFICERS

<i>TITLE</i>	<i>NAME</i>	<i>ADDRESS</i>	<i>CITY-STATE-ZIP</i>
PRESIDENT CHIEF OPERATING OFFICER	EDWARD N. BASHA III	2618 E. Virgo Place	CHANDLER, AZ 85249
VICE PRESIDENT WAREHOUSING/DISTRIBUTION	MICHAEL J. 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 N BASHA, JR - ESTATE	15 BULLMOOSE DRIVE	CHANDLER, AZ 85224	16.49
KAREN RISHWAIN	2350 MOREING ROAD	STOCKTON, CA 95204	10.31
CONSTANCE VITALE	6658 E. INDIAN BEND ROAD	PARADISE VALLEY, AZ 85253	12.37

EDWARD N. BASHA, JR - ESTATE

EDWARD N. BASHA, JR - ESTATE	
NADINE K. MATHIS - TRUSTEE	

SEP 25 11:47 AM '93