



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 16, 2017

Max David Bazil
Bazil's
8160 N. Placita Sur Oeste
Tucson, AZ 85741

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 12101066
Bazil's

Dear Mr. Bazil:

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 7, 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 black ink, appearing to read "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 *ARB*
Administrative Support Specialist Senior

DATE: October 2, 2017

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

Attached is the application of:

Max David Bazil
d.b.a. Bazil's
4777 E. Sunrise Dr. Suite Nos. 119 & 125
Tucson, AZ 85718

Arizona Liquor License No. 12101066

SHERIFF'S REPORT

DATE: 10/13/17

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

- NOTHING NOTED.

[Signature] #1226
Investigative Support Unit Supervisor

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

OCT 16 17 10:08:18 PC CLK OF ED
ARB



● 17-32-0112 ●

*17 SEP 28 11:55 AM '17
 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:	9-28-17
CSR:	SG
60th Day:	11-27-17

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 checked="" 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)

- Name: BAZIL MAX DAVID PI010599 12101064
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
- Owner Name: BAZIL'S, INC. 81012028 Corp File #: 05190061
(Exactly as it appears on Liquor License) (if applicable)
- Business Name: BAZIL'S 81012027 Email: SAUZENI@NETZANO.COM
(Exactly as it appears on Liquor License)
- Business Location Address: 4777 SUNRISE DR. STE 119 TULSON PIMA 85718
(Do not use P.O. Box Number) City COUNTY Zip
- Is the Business located within the incorporated limits of the above City or Town? Yes No
- 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: PIMA COUNTY
- Mailing Address: 8160 N. PLACITA SUROESTE TULSON AZ 85741
City State Zip
- Business Phone: (520) 577-3322 Daytime Contact Phone (520) 299-3399
- 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.
- 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"/>	BAZIL	MAX	DAVID	DIRECTOR PRES/CEO	8160 N. PLACITA SUROESTE	TULSON	AZ	85741
<input type="checkbox"/>	BAZIL	CLORIA	ESTHER	SECRET.	8160 N. PLACITA SUROESTE	TULSON	AZ	85741
<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"/>	BAZIL	CLORIA	ESTHER	52%	5020 E. PASO CARRIZO	TULSON	AZ	85750
<input type="checkbox"/>	BAZIL	MAX	DAVID	24%	8160 N. PLACITA SUROESTE	TULSON	AZ	85741
<input type="checkbox"/>	BAZIL	CHRIST	ANDREA	N/A	4190 N. SUNSET CLIFF	TULSON	AZ	85750
<input type="checkbox"/>								

(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 28 17 17:01:13 POC CLK OF RD ACC

SECTION 4

(COMPLETE THIS SECTION FOR AGENT CHANGE)

1. As an Agent, will you be physically present and operating the licensed premise? Yes 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? Yes No

If yes, Name of current Manager: _____ Last First Middle

Basic Training Yes No

Management Training 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 LLC. CONTROLLING MEMBER:

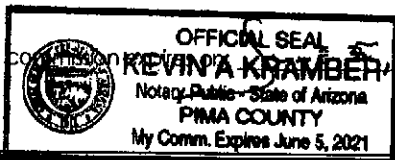
1. License # 12101066

2. Current Agent Name: BAZIL WINDU N/A
(Exactly as it appears on license) Last First Middle

I, (Print full name) MAX DAVID BAZIL, 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 [Signature] (Controlling Person/Existing Agent)

State of ARIZONA County of PIMA
The foregoing instrument was acknowledged before me this 22nd of SEPTEMBER 2017
Day Month Year
[Signature] Signature of NOTARY PUBLIC



SECTION 6

(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:

Type of new ownership:

- Types of ownership: J.T.W.R.O.S., INDIVIDUAL, PARTNERSHIP, CORPORATION, LIMITED LIABILITY CO., MANAGEMENT CO., TRIBE, TRUST, OTHER (Explain)

- Types of ownership: J.T.W.R.O.S., INDIVIDUAL, PARTNERSHIP, CORPORATION, LIMITED LIABILITY CO., MANAGEMENT CO., TRIBE, TRUST, OTHER (Explain)

SECTION 7

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

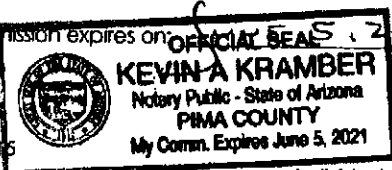
To be completed by Controlling Person or existing Agent (if no agent changes) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print full name) MAX DAVID BAZIL, 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 [Signature] (Controlling Person/Existing Agent)

State of ARIZONA County of PIMA
The foregoing instrument was acknowledged before me this 22nd of SEPTEMBER 2017
Day Month Year
[Signature] Signature of NOTARY PUBLIC

My commission expires on 5/2021



11/18/2015