



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. 79
PO Box 488
Chandler, AZ 85244

RE: Application for Agent Change/Acquisition of Control/Restructure
Arizona Liquor License No.: 09100030
Bashas' No. 79

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



Pima County Clerk of the Board

Robin Brigode

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TO: Pima County Sheriff's Department
Investigative Support Unit

FROM: Bernadette Russell *BK*
Administrative Support Specialist

DATE: October 24, 2014

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

NOV 10 14 AM 10:16 PC CLK OF PD

Attached is the application of:

Michael Joseph Basha
d.b.a. Bashas' No. 79
8360 N. Thornydale Road Tucson, AZ 85741

Arizona Liquor License No. 09100030

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

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

14 OCT 2 11 54 AM '14

*Amendment

AMENDMENT
 14-10-0056

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: 09100030

Last First Middle Liquor License #

2. Corporation L.L.C. N/A: _____ Corp. File #: _____
 (Exactly as it appears on Articles of Inc, or Articles of Org.)

3. Business Name: _____
 (Exactly as it appears on license)

4. Business Address: _____
 (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: _____
 City State Zip

7. Business Phone: () _____ Residence Phone: () _____

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 |
|------|-------|--------|-------|-------------------|------|-------|-----|
| | | | | | | | |
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(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 |
|------|-------|--------|---------|-------------------|------|-------|-----|
| | | | | | | | |
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(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received _____
 CSR _____

OCT 22 14 11 54 PC CLK OF RD

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

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

*14 SEP 9 Liq. Lic. RM 9 45

AMENDMENT
 14-10-0056

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 BASHA

Last First Middle Liquor License #

2. Corporation L.L.C. N/A: BASHAS INC Corp. File # 044605-4

3. Business Name: _____ (Exactly as it appears on license)

4. Business Address: _____ (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: _____ City State Zip

7. Business Phone: () Residence Phone: ()

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)

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

| Last | First | Middle | Title | Residence Address | City State Zip |
|------|-------|--------|-------|-------------------|----------------|
| | | | | | |
| | | | | | |
| | | | | | |

(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 |
|------|-------|--------|---------|-------------------|----------------|
| | | | | | |
| | | | | | |
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(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 10/01/2014
 CSR M.S.

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W. Washington 5th Floor
Phoenix AZ 85007-2934

14 SEP 4 11:18 AM '18

www.azliquor.gov
(602) 542-5141

14-10-0056

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 09100030
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 #79
(Exactly as it appears on license)

4. Business Address: 8360 N. Snornydale Rd Tucson Puma 85741
(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
City State Zip

7. Business Phone: (480) 940-2224 Residence Phone: (untested) 480-940-7224

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 |
|---------------------|-------|--------|-------|-------------------|----------------|
| <u>See attached</u> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(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 |
|---------------------|-------|--------|---------|-------------------|----------------|
| <u>See Attached</u> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Date Received _____
CSR _____

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.

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 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)

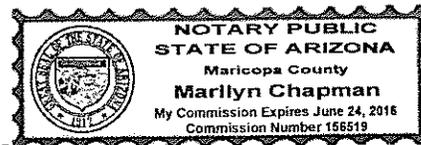
Is there more than one licensed premises involved? YES NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

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.

State of AZ County of Maricopa

X _____
(Signature of INDIVIDUAL OR AGENT)

The foregoing instrument was acknowledged before me this

12 day of August, 2014
Day Month Year

My commission expires on: 6/24/16

(Signature of NOTARY PUBLIC)

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)

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 | |