



**Mary Jo Furphy**  
Deputy Clerk

# Pima County Clerk of the Board

**Robin Brigode**

Administration Division  
130 W. Congress, 5<sup>th</sup> 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  
AJ's No. 122  
PO Box 488  
Chandler, AZ 85244

RE: Application for Agent Change/Acquisition of Control/Restructure  
Arizona Liquor License No.: 09109002S  
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, 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 black ink that reads "Robin Brigode".

**Robin Brigode**  
Clerk of the Board



# Pima County Clerk of the Board

Robin Brigode

Mary Jo Furphy  
Deputy Clerk

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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Bernadette Russell  
Administrative Support Specialist

DATE: October 24, 2014 *bk*

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

10/24/2014 10:16 AM CLK/UF/PD *bk*

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. 09109002S

SHERIFF'S REPORT

DATE: 10/24/14

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

None. No T&A

*226*  
Investigative Support Unit Supervisor

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

800 W Washington 5th Floor

Phoenix AZ 85007-2934

14 OCT 2 Lic. Lic. M 3 46

\*Amendment

www.azliquor.gov

(602) 542-5141

AMENDMENT

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURECheck  
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)

14-12-0058

## 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 LLC. CONTROLLING MEMBER)

X BASHA, MICHAEL JOSEPH

Last

First

Middle

Liquor License #

2.  Corporation  LLC.  N/A

(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

(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

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 10/2/14  
CSR SG

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

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

14 SEP 9 Lic. # 945

## AMENDMENT

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURE

Check Appropriate Box	<input type="checkbox"/> Agent Change Complete Sections 1,2,3,4,6 (See Note 1 on back)	<input checked="" type="checkbox"/> Acquisition of Control Complete Sections 1,2, (3,4 if changing Agent), 6	<input type="checkbox"/> Restructure Complete Sections 1,2,(3,4 if changing Agent), 5,6 (See Note 2 on back)
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14-12-0058

**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: BASHAS First: INC Middle: Liquor License #:  
 2.  Corporation  L.L.C.  N/A: Corp. File #: 044605-4  
 (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

(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

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received 10/1/14  
 CSR SG

## ARIZONA DEPARTMENT OF LIQUOR LICENSES &amp; CONTROL

14 SEP 17 Liqu. Dept #M1143

800 W Washington 5th Floor

Phoenix AZ 85007-2934 14 SEP 4 Liqu. Dept #M1037

www.azliquor.gov

(602) 542-5141

APPLICATION FOR AGENT CHANGE - ACQUISITION OF CONTROL - RESTRUCTURECheck  
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)

14-12-0058

## 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)BASHTA MICHAEL JOSEPH 81024075 09109002-S  
Last First Middle Liquor License #2.  Corporation  L.L.C.  N/A: BASHTA'S INC 81000571 Corp. File # 0044605-4  
(Exactly as it appears on Articles of Inc. or Articles of Org.)3. Business Name: AJ'S #122 81028720  
(Exactly as it appears on license)4. Business Address: 2805 E Skyline Dr. Glendale, Arizona 85718  
(Do not use P.O. Box Number) City COUNTY Zip5. Is the business located within the incorporated limits of the above city or town?  Yes  No6. Mailing Address: PO Box 488 Chandler, AZ 85244  
520-232-6340 City State Zip

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

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)

Disabled individuals requiring special accommodations please call the Department

1/7/2013

Date Received

CSR

10/1/14

SG

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  
(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 \_\_\_\_\_ The foregoing instrument was acknowledged before me this  
(Signature of INDIVIDUAL/CORPORATE/CLUB OFFICER/MEMBER)

\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_  
(Signature of NOTARY PUBLIC)

SECTION 5 (COMPLETE THIS SECTION FOR RESTRUCTURE)

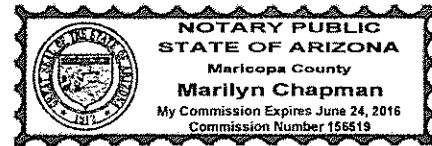
Is there more than one licensed premises involved?  YES  NO If yes, SEPARATE APPLICATIONS must be filed and fees paid for each license/location.

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 BASTHA, 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

12 day of August, 2014  
Day Month Year  
Marilyn Chapman  
(Signature of NOTARY PUBLIC)

My commission expires on: 6/24/16

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 <sup>th</sup> Drive	PHOENIX, AZ 85045

## STOCKHOLDERS

310532

<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	

81672457