



# Pima County Clerk of the Board

Julie Castañeda

Melissa Manriquez  
Deputy Clerk

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

October 16, 2017

Michael Joseph Basha  
Bashas No. 79  
P.O. 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, 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 cursive script that reads "Julie Castañeda".

Julie Castañeda  
Clerk of the Board



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TO: Pima County Sheriff's Department  
Investigative Support Unit

FROM: Ricci Romero *RR*  
Administrative Support Specialist Senior

DATE: September 25, 2017

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

Attached is the application of:

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

Arizona Liquor License No. 09100030

SHERIFF'S REPORT

DATE: 10/13/17

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 16 17 AM 08:18 PC CLK OF BD  
AKS



Amendment

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: 11-14-17

17-29-0109

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 09100030
2. Owner Name: Corp File #:
3. Business Name: Email:
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: Daytime Contact 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.



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

AZ DLLC  
 SEP 18 2017

**DLLC USE ONLY**

Date Processed: 9-15-17  
 CSR: SG  
 60<sup>th</sup> Day: 11-14-17

**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)**

- Name: BASHA, MICHAEL JOSEPH - AGENT (EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License # 09100030
- Owner Name: BASHAS' INC (Exactly as it appears on Liquor License) Corp File #: 0044605-4 (If applicable)
- Business Name: Bashas & 79 (Exactly as it appears on Liquor License) Email: Store079@bashas.com
- Business Location Address: 8360 N. Thornudale Rd. Tucson Pima 85741 (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: \_\_\_\_\_
- Mailing Address: PO BOX 488 CHANDLER, AZ 85244 City State Zip
- Business Phone: 520-744-4488 Daytime Contact Phone 480-940-2224
- 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"/>	BASHA,	EDWARD	NAJEEB, III	PRESIDENT	2618 E. VIRGO PLACE, CHANDLER, AZ	CHANDLER, AZ	AZ	85249
<input type="checkbox"/>	BASHA,	MICHAEL	JOSEPH	VP	16213 S. 29TH DRIVE, PHOENIX, AZ	PHOENIX, AZ	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	AZ	85224
<input type="checkbox"/>	TRUST			12.37	8827 E. SHANNON DRIVE, TEMPE, AZ	TEMPE, AZ	AZ	85284
<input type="checkbox"/>	RISHWAIN,	KAREN	SYLVIA	10.31	3287 W. MOREING CT, STOCKTON, CA	STOCKTON, CA	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.

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: Rodriguez Robert Nicholas
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.

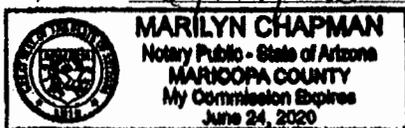
X \_\_\_\_\_
(Controlling Person/Existing Agent)

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

Marilyn Chapman
Signature of NOTARY PUBLIC



## **BASHAS' INC. OFFICERS**

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

## **STOCKHOLDERS**

<b><i>STOCKHOLDERS</i></b>	<b><i>ADDRESS</i></b>	<b><i>CITY/STATE/ZIP</i></b>	<b><i>% OF OWNERSHIP</i></b>
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