

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

Michael Joseph Basha Bashas No. 71 P.O. Box 488 Chandler, AZ 85244

RE: Application for Agent Change/Acquisition of Control/Restructure Arizona Liquor License No.: 09100028S Bashas No. 71

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,

Julie **O**astañeda Clerk of the Board



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

TO:	Pima County Sheriff's Department Investigative Support Unit
FROM:	Ricci Romero R 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. Bashas No. 71 6900 E. Sunrise Drive Tucson, AZ 85750

Arizona Liquor License No. 09100028S

- NOTAING NOTED

SHERIFF'S REPORT

DATE: 10/13/17

DCT 16-174408-18 PC CLK OF ED

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

226 Investigative Support Unit Supervisor

When completed, please return to cob mail@pima.gov.

	Department	State of Arizon of Liquor Licens W. Washington 5 Phoenix, AZ 850 (602) 542-514	a es and Control th Floor 07 AZ DLLC	DLLC USE ONLY Date Processed: 9-15-17 CSR: SG 60 th Day: 11-14-17	
1993	17-28-0108		SEP 18 2017	······	BR CLK
	APPLICATION FOR AGENT CH			1	
OTE: 1) The fee dditional appli	for an agent change MUST be submit cation, not to exceed \$1,000.00. (A.R.S be submitted	ted with this applic . 4-209.H) NOTE 2) (ation: \$100.00 for the he \$100.00 fee for te	first applic and a solution of a structure ac quishian of a	outrol MUST
ECTION 1		with this application	. (A.K.S. 4-207.A)		<u> </u>
Check the ppropriate oxes	Agent Change Complete Sections 1,2,3,4,5 & 7		on of Control ctions 1,2, 3 & 7	Restructure Complete Sections 1,	
CTION 2	(COMPLETE THIS SECTION FOR AGE	A			~ ~
1. Name:	USTING AGENT OR NEW AGENT) Last	Mcharel	NgggU	Uquor License	80
	ime.		Corp File #	:(If applicable)	
3. Business N		ars on Liquor License)		(11 opplicable)	
A Rusinoss Lo	ame:(Exactly as It appe	ars on Liquor License)			
	(Do not use P.		City	COUNTY	Σlp
5. Is the Busin	ess located within the incorporated limit	s of the above City o	or Town?YesNo		
	usiness location address have a street add vation? Yes No If Yes, what City, Tow	•			
7. Mailing Ad	Idress:		City	State	Zip
8. Business Ph	none:	Daytime Cont			•
submit a c 10. Has there l	ransaction involve the sale of any portio ertified copy of minutes. been any change of Controlling Persons on and/or amended operating agreeme				
	(COMPLETE THIS SECTION FOR AGE) ton listed in section III must submit a question the Department of Liquor. A Controlling Persons to be disclosed, curren First Middl	onnaire (form LIC0101) son aiready disclosed t and new.	SITION OF CONTROL and a Department app to the Department is no Address	OR RESTRUCTURE) proved fingerprint card whic of required to submit a ques City State	h may be tionnaire. Zip
<u> </u>					
d					
	(ΑΠΑ)	CH ADDITIONAL SHEET(S)	IF NECESSARY)		
2. List stock New Last	holders, percentage owners and/or Cor First Middl		ning 10% or more Address	City State	Zip
BASHA	, EDWARD NAJEEB JR - TRUST	16.49		RIVE CHANDLER, AZ 85	
VITALE	, CONSTANCE - TRUST	12.37	8827 E. SHANNON	DRIVE, TEMPE, AZ 852	84
RISHW	AIN, KAREN SYLVIA	10.31	3287 W. MOREING	CT, STOCKTON, CA 95	204
If the ownership i	(AΠA) is owned by another entity, <u>AΠACH AN OW</u> <u>10% OR MORE OWNERS FOR THE ENTITIES,</u> A	CH ADDITIONAL SHEET(S) NERSHIP FLOWCHART Hach additional sheet	SHOWING THE OFFICERS	, <u>MEMBERS, CONTROLLING </u> to disclose all persons.	PERSON

		State of Arizor ent of Liquor Licen 00 W. Washington Phoenix, AZ 85 (602) 542-514	ses and Control 5 th Floor 007 AZDLLC	DLLC USE ONLY Date Processed: 9-15-17 CSR: SG 60 th Day: 11-14-17	1
	APPLICATION FOR AGENT	1	ITION OF CONTROL	- RESTRUCTURE	
IOTE: 1) The fee Idditional appli ECTION 1	for an agent change MUST be su cation, not to exceed \$1,000.00. (/ be submit	bmitted with this applic A.R.S. 4-209.H) NOTE 2) ted with this applicatio	cation: \$100.00 for the) the \$100.00 fee for re on. (A.R.S. 4-209.A)	first application and \$ astructure/acquisition o	50.00 for each I control MUST
Check the appropriate boxes	Agent Change Complete Sections 1,2,3,4,5 &		ion of Control actions 1,2, 3 & 7	Restruct Complete Sections	
ECTION 2	(COMPLETE THIS SECTION FOR	AGENT CHANGE, ACQ	UISITION OF CONTROL	L OR RESTRUCTURE)	
	SHA, MICHAEL JOSEPH - AGENT	First	Middle		ODDARS
	me: BASHAS' INC			#: <u>0044605-4</u>	
3. Business N	ame: Bashas # 71	appears on Liquor License)	Emai	Office Add application	bio) Bashar. Co
4. Business Lo	cation Address: 6900 E.	appears on Liquor License)	Tursm	fina	85750
5 is the Busin	ess located within the incorporated	use P.O. Box Number)	City	COUNTY	Zip
	essiocated within the incorporated	l limits of the above City	or Town? Vres No		
	usiness location address have a street	address for a City or Tow	vn but is actuality in the t		ty, Town or
Tribal Reser	usiness location address have a street vation? Tres No If Yes, what City	address for a City or Tow , Town or Tribal Reservation	vn but is actuality in the t		ty, Town or
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	HIS SECTION FOR AGENT CHANGE)	
 As an Agent, will you be physically present and open If you answered YES, you must provide a copy of your E Liquor Law training provider <u>BEFORE YOUR APPLICATION</u> answered NO, go to question 2. 	rating the licensed premise? Yes No asic and Management Training Certificate obtained from a Department approved FOR AGENT ACQUISITION OF CONTROL OR RESTRUCTURE CAN BE SUBMITTED. If you	ł
2. Is there a current Manager at this license premises di Certificate? Yes No If yes, Name of current Manager:	isclosed to the Department with the current Basic and Management Training Ston THE Homas Accord	
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 Liguor after filing the application for Agent Change, Acquisition of Control or Restructure.	
Law italning provider must be submitted within 30 days		
SECTION 5 (COMPLETE THIS S To be completed by the INDIVIDUAL OR EXI	ECTION FOR AGENT CHANGE) STING AGENT OR CORPORATE OFFICER OR L.L.C. CONTROLLING MEMBER:	
1. License #		
2. Current Agent Name:	First Middle	
(Exactly as it appears on license) Last I, (Print full name) to immediately assign a new Agent in the event th convicted of a felony in the last five (5) years.	, hereby consent to the appointment of Agent for this license. I agree at I am unable to discharge the duties of Agent for this license. I have not been	
X(Controlling Person/Existing Agent)	State ofCounty of The foregoing instrument was acknowledged before me this	
My commission expires on:	Of,, Year	
My commission expires on:		
My commission expires on:	Day Month Year	
SECTION 6 (COMPLETE THIS SE	Day Month Year Signature of NOTARY PUBLIC CTION FOR RESTRUCTURE)	
	Day Month Year Signature of NOTARY PUBLIC CTION FOR RESTRUCTURE) YES NO	
SECTION 6 (COMPLETE THIS SE Is there more than one licensed premises involved?	Day Month Year Signature of NOTARY PUBLIC CTION FOR RESTRUCTURE) YES NO	
SECTION 6 (COMPLETE THIS SE Is there more than one licensed premises involved? If YES, <u>SEPARATE APPLICATIONS</u> must be filed and fees part Type of current ownership: J.T.W.R.O.S.	Day Month Year Signature of NOTARY PUBLIC CTION FOR RESTRUCTURE) YES NO id for each license/location. Type of new ownership: J.T.W.R.O.S.	-
SECTION 6 (COMPLETE THIS SE Is there more than one licensed premises involved? If If YES, SEPARATE APPLICATIONS must be filed and fees pair Type of current ownership: J.T.W.R.O.S. INDIVIDUAL	Day Month Year Signature of NOTARY PUBLIC CTION FOR RESTRUCTURE) YES NO id for each license/location. Type of new ownership: J.T.W.R.O.S. INDIVIDUAL	
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SECTION 6 (COMPLETE THIS SE Is there more than one licensed premises involved? If If YES, SEPARATE APPLICATIONS must be filed and fees pain Type of current ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO, MANAGEMENT CO. TRIBE	Day Month Year Signature of NOTARY PUBLIC CTION FOR RESTRUCTURE) YES NO id for each license/location. Type of new ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRIBE	

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) <u>OR NEW</u> Agent if applying for Agent change as listed in Section 2 Question 1.

I, (Print tull 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 <u><u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u>
My commission expires on: 6/24/20	1 St of Quester, 2017
MARILYN CHAPMAN Notay Public - Blate of Attorne MARICOPA COUNTY	Mary Cehaman Signature of NOTATY PUBLIC
11/18/2015 My Commission Expires	Page 2 of 3 accommodations please call (602)542-9027

BASHAS' INC. OFFICERS

•

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

STOCKHOLDERS

STOCKHOLDERS	ADDRESS	CITY/STATE/ZIP	% OF OWNERSHIP
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