

**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,

Julie Castañeda Clerk of the Board



**Pima County Clerk of the Board** 

Julie Castañeda

Mellssa 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

TO:	Pima County Sheriff's Department Investigative Support Unit
FROM:	Ricci Romero
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. 79 8360 N. Thornydale Road Tucson, AZ 85741

Arizona Liquor License No. 09100030

SHERIFF'S REPORT

TU/13/17 DATE:

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

CETCON JUILTIC Investigative Support Unit Supervisor

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

NOTE: 1) The fo additional app SECTION 1 Check the appropriate boxes	Department of Li 800 W. W Phoe (60 APPLICATION FOR AGENT CHANG ee for an agent change MUST be submitted w bolication, not to exceed \$1,000.00. (A.R.S. 4-20 be submitted with th	ashington & enix, AZ 850 (2) 542-514 E – ACQUISII ith this applic (7) NOTE 2) his application	es and Control 5th FlooDLL 107 107 107 107 107 107 107 107	- RESTRUCTURE	550.00 for each of control MUST
SECTION 2	(COMPLETE THIS SECTION FOR AGENT CH	ANGE ACOU	SITION OF CONTRO	L OR RESTRUCTURE)	
1. Name:	0 octor in	richael	JOSEPH		<u>)30</u>
	Jame,		Corp File	#:()i applica	
	(Exactly as it appears on L			()i applica	
	(Exactly as it appears on L	iquor License)			····
4., BUSINESS I	(Do not use P.O. Box t	tumber)	City	COUNTY	Zip
5. Is the Bus	iness located within the incorporated limits of th	e above City a	or Town? Yes No		
	Business location address have a street address fo ervation? Yes No If Yes, what City, Town or Tr				
	ddress:				· ·
8. Business I	Phone:[	Davtime Cont	city act Phone	State	Zip
<ol> <li>Does this submit a</li> <li>Has there</li> </ol>	transaction involve the sale of any portion of th certified copy of minutes. been any change of Controlling Persons? tion and/or amended operating agreement sho	e percentage es No if yes,	of ownership or corp	orate stock?	o If yes,
SECTION 3	(COMPLETE THIS SECTION FOR AGENT CHA rson listed in section III must submit a questionnaire	ANGE, ACQUI	SITION OF CONTROL	OR RESTRUCTURE)	bich may be
obtained at	the Department of Liquor. A Controlling Person alre	eady disclosed	to the Department is n	ot required to submit a qu	vestionnaire.
1. List all ( <u>New Last</u>	Controlling Persons to be disclosed, current and r First Middle	new. Title	Address	City State	Zip
			· · · · · · · · · · · · · · · · · · ·		
					·
			- 		
	(ATTACH ADD	ITIONAL SHEET(S)	F NECESSARY)		
2. List stoc New Last	kholders, percentage owners and/or Controlling First Middle	Members ow <b>% Owned</b>	ning 10% or more Address	City State	Zip
	EDWARD NAJEEB TRUST - NADINE KAY MATHIS, TRUST		T	DR., CHANDLER, AZ 85	
VITALE	, CONSTANCE TRUST - AZEZ NAJEEB BASHA - TRUSTE	EE 12.37	8827 E SHANNON	DRIVE., TEMPE, AZ 8	5284
RISHV	VAIN, KAREN SYLVIA	10.31	3287 W. MOREINO	G CT., STOCKTON, CA	95204

(ATTACH ADDITIONAL SHEET(S) IF NECESSARY) If the ownership is owned by another entity, <u>ATTACH AN OWNERSHIP FLOWCHART SHOWING THE OFFICERS, MEMBERS, CONTROLLING PERSON AND</u> <u>10% OR MORE OWNERS FOR THE ENTITIES.</u> Attach additional sheets as necessary in order to disclose all persons.

<	Departmer 800	State of Arizona at of Liquor Licenses W. Washington 5 <sup>th</sup> F Phoenix, AZ 85007 (602) 542-5141	and Control FIAZ DLLC SEP 18 2017	DLLC USE ONLY Date Processed: 9-15-17 CSR: SC- 60th Day: 11-14-17	
	APPLICATION FOR AGENT C				
OTE: 1) diffiond	The tee for an agent change MUST be subm al application, not to exceed \$1,000.00. (A.f be submitted	hitted with this applicatio R.S. 4-209.H) NOTE 2) the	n: \$100.00 for the \$100.00 fee for re	first application and \$50.0 estructure/acquisition of co	ontrol MUST
CTION					· · · · · ·
heck il opropri oxes	Complete Sections 1 2 3 4 5 8 7	✓Acquisition Complete Sectio		Restructure Complete Sections 1,	
CTION 2	2 (COMPLETE THIS SECTION FOR AG	SENT CHANGE, ACQUISIT	ION OF CONTROL		200
1. Na	ame: BASHA, MICHAEL JOSEPH - AGENT (EXISTING AGENT OR NEW AGENT) Lost	First	Middle	09 000 3 Liquor License	
2. Ov	wher Name: BASHAS' INC		Corp File #	#: <u>0044605-4</u>	
	usiness Name; Bashus as it ap	pears on Liquor License)	Emai		shac. Co
	siness Location Address: 8360 N	pears on Liquor License)	, Turson	- Pina	8574
	(Do not use the Business located within the incorporated lin	P.O. Box Number)		COUNTY	Zip
5. IS IF	ne business localea within the incorporated lin				
			<b>T -</b>		T
	es the Business location address have a street a	ddress for a City or Town bu	ut is actually in the I		Town or
Trib	al Reservation? 🔤 Yes 🕢 No If Yes, what City, To	ddress for a City or Town bu own or Tribal Reservation is	ut is actually in the I		Town or
Tribo 7. Ma		ddress for a City or Town bu own or Tribal Reservation is	ut is actually in the lithis Business locate		Town or
Tribo 7. Ma 8. Bus 9. Do sub	al Reservation? $res \sqrt{No}$ If Yes, what City, To siling Address: <u>PO BOX 488 CHANDLER, AZ 8</u> siness Phone: <u>520 - 144 - 4488</u> pes this transaction involve the sale of any port point a certified copy of minutes.	ddress for a City or Town bu own or Tribal Reservation is 5244 Daytime Contact ion of the percentage of o	ut is actuall <del>y in the t</del> this Business locate city t Phone ownership or corp	d in:	Zip f yes,
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Page 1 of 3 Individuals requiring ADA accommodations please call (602) 542-9027

SECTION 4 (COMPLETE THIS SECTION FO	OR AGENT CHANGE)	
<ol> <li>As an Agent, will you be physically present and operating the licens If you answered YES, you must provide a copy of your Basic and Mana Liquor Law training provider <u>BEFORE YOUR APPLICATION FOR AGENT AC</u> answered NO, go to question 2.</li> </ol>	gement Training Certificate obtain	ned from a Department approved UCTURE CAN BE SUBMITTED. If you
2. Is there a current Manager at this license premises disclosed to the D Certificate? Ves No If yes, Name of current Manager:	Department with the current Basic KOLOCT	and Management Training Micholas Middle
Basic Training 🗹 Yes 🗌 No 🦳 Ma	inagement Training 🗹 Yes	No
If "NO" for 1 and 2, a Manager with a current Basic and Management T Law training provider must be submitted within 30 days after filing the a	raining Certificate obtained from pplication for Agent Change, Acc	a Department approved Liquor quisition of Control or Restructure.
SECTION 5 (COMPLETE THIS SECTION FOR A To be completed by the INDIVIDUAL OR EXISTING AGENT O	GENT CHANGE) R CORPORATE OFFICER OR L.L.C. (	CONTROLLING MEMBER:
License #      Current Agent Name:     (Exactly as II appears on license) Last	First	Middle
l, (Print full name), heret to immediately assign a new Agent in the event that I am unable t convicted of a felony in the last five (5) years.		
X(Controlling Person/Existing Agent)		County of It was acknowledged before me this
My commission expires on:		onth Year
	Signature of I	NOTARY PUBLIC
SECTION 6 (COMPLETE THIS SECTION FOR REST Is there more than one licensed premises involved? YES NO If YES, <u>SEPARATE APPLICATIONS</u> must be filed and fees paid for each license	se/location.	
Type of current ownership:       Type of         J.T.W.R.O.S.       INDIVIDUAL         PARTNERSHIP       CORPORATION         LIMITED LIABILITY CO.       MANAGEMENT CO.         TRIBE       TRUST         OTHER (Explain)	new ownership: J.T.W.R.O.S. INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CO. MANAGEMENT CO. TRIBE TRUST 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) <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.

The opplication and the coments and all statements are noe, a	
X(Controlling Person/Existing Agent)	State of County of Manual County of Manual County of Manual County of Manual County of The foregoing instrument was acknowledged before me this
My commission expires on: 62420	1 st of Que chest 2012
MARILYN CHAPMAN Notary Public - State of Arizone MARICOPA COUNTY My Commission Bighres	Page 2 of 3

mainiouals reguling ADA accommodations please call (602) 542-9027

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## **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

## <u>STOCKHOLDERS</u>

STOCKHOLDERS	ADDRESS	CITY/STATE/ZIP	% OF OWNERSHIP
Edward Najeeb Basha Trust – Nadine Kay Mathis, Trustee		CHANDLER, AZ 85224	16.49
Constance Vitale Trust – Azez Najeeb Basha, Trustee		TEMPE, AZ 85284	12.37
Karen Sylvia Rishwain - Stockholder		STOCKTON, CA 95204	10.31