



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

SEP 18 2017

DLLC USE ONLY

Date Processed:

9-15-17

CSR:

SG

60<sup>th</sup> Day:

11447

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 09080019  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License #
2. Owner Name: \_\_\_\_\_ Corp File #: \_\_\_\_\_  
(Exactly as it appears on Liquor License) (If applicable)
3. Business Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(Exactly as it appears on Liquor License)
4. Business Location 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. 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: \_\_\_\_\_
7. Mailing Address: \_\_\_\_\_  
City State Zip
8. Business Phone: \_\_\_\_\_ Daytime Contact Phone \_\_\_\_\_
9. 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.
10. 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"/>								
<input type="checkbox"/>								
<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"/>	BASHA, EDWARD NAJEEB TRUST - NADINE KAY MATHIS, TRUSTEE			16.49				
<input checked="" type="checkbox"/>	VITALE, CONSTANCE TRUST - AZEZ NAJEEB BASHA - TRUSTEE			12.37				
<input type="checkbox"/>	RISHWAIN, KAREN SYLVIA			10.31				
<input type="checkbox"/>								

(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.



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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 - AGENT  
(EXISTING AGENT OR NEW AGENT) Last First Middle Liquor License # 09080019
2. Owner Name: BASHAS' INC Corp File #: 0044605-4  
(Exactly as it appears on Liquor License)
3. Business Name: Food City #108 Email: [REDACTED]  
(Exactly as it appears on Liquor License)
4. Business Location Address: 1831 Kiowa Ave Lake Havasu City Mohave 86204  
(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. 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: [REDACTED]
7. Mailing Address: [REDACTED] City [REDACTED] Zip [REDACTED]
8. Business Phone: 928-855-3800 Daytime Contact Phone [REDACTED]
9. 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.
10. 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	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/>	BASHA,	MICHAEL	JOSEPH	VP	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<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	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/>	TRUST			12.37	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/>	RISHWAIN,	KAREN	SYLVIA	10.31	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
<input type="checkbox"/>	NO ON 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 ☒ 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? ☒ Yes ☐ No

If yes, Name of current Manager: Daniels Last Terrance First None Middle

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 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? ☒ 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.  
☐ MANAGEMENT CO.  
☐ TRIBE  
☐ TRUST  
☐ OTHER (Explain) \_\_\_\_\_

Type of 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) OR NEW Agent if applying for Agent change as listed in Section 2 Question 1.

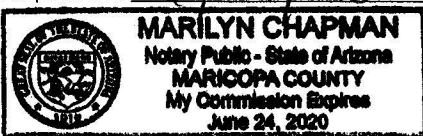
I, (Print full name) MICHAEL JOSEPH BASHA, hereby declare that I am the APPLICANT filing this application. I have read the application and the contents and all statements are true, correct and complete.

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, 2019  
Day Month Year



Marilyn Chapman  
Signature of NOTARY PUBLIC

Arizona Department of Liquor License and Control  
800 W. Washington - 5th Floor  
Phoenix, Arizona 85007

Dear License Technician:

This communication is in answer to Questionnaire #17 for each Officer of Bashas' Inc. Basha' has not received any violations in the last two years. If you need any further information, please feel free to contact me at the number provided below.

<i>DATE</i>	<i>LICENSE #</i>	<i>STORE LOCATION</i>	<i>VIOLATION</i>
February 5, 1997	09070029	Bashas' #5 3131 E. Indian School Rd, Phoenix, AZ	Sale to Minor
December 10, 1998	09110004	Bashas' #4 300 N. Florence, Casa Grande, AZ	Sale to Minor
December 17, 1998	09120003	Mercado #60 450 Grand Court Plaza Dr. Nogales, AZ	Sale to Minor
December 17, 1999	09071013	Bashas' #43 Fountain Hills, AZ	Sale to Minor
December 21, 1999	09070759	Bashas' #47 Fountain Hills, AZ	Sale to Minor
August 2, 2000	09070254	Bashas' #84 Gilbert, AZ	Sale to Minor

