

DISCLOSURE FORM

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D-SCLOSJRE FORS	Project Title: <u>Bear Flag Supply, Inc. 950 Piner Rd, Ste A, Santa Rosa, CA 95403</u> (Include site address)		
	Please provide the name of each individual, partnership, corporation, LLC, or trust who has an interest in the proposed land use action. Include the names of all applicants, developers, property owners, and each person or entity that holds an option on the property.		
	Partnerships:Identify all generalCorporations:Identify all shareh corporation is listedLLCs:Identify all membreTrusts:Identify all membre	 Identify all general and limited partners porations: Identify all shareholders owning 10% or more of the stock and all officers and directors (unless the corporation is listed on any major stock exchange, in which case only the identity of the exchange must be listed. Identify all members, managers, partners, officers and directors. 	
	Full Name:	Address:	
	Amos Flint (Owner)	P.O. Box 258, Santa Rosa, CA 95402	
	Charles Evans (Land Owner)	P.O. Box 2345, Santa Rosa, CA 95405	
	In addition, please identify the name	e of each civil engineer, architect, and consultant for the project.	
	Full Name:	Address:	
	Mike Schwartz (Architect)	1653 Finlaw St, Santa Rosa, CA 95404	
	Additional names and addresses attached:		
	The above information shall be promptly updated by the applicant to reflect any change that occurs prior to final action.		

I certify that the above information is true and correct: ________

12/08/2020 Date

ATZ

Applicant