City of Santa Rosa
PLANNING & ECONOMIC DEVELOPMENT

DISCLOSURE FORM

(Form 3 of 5)

PREPARE APPLICATION FORMS

Project Title: The Dungeon 452 B st Santa Rosa CA 95401
(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.

Individuals:	Identify all individuals
Partnerships:	Identify all general and limited partners
Corporations:	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.
LLCs:	Identify all members, managers, partners, officers and directors.
Trusts:	Identify all trustees and beneficiaries.
Option Holders:	Identify all holders of options on the real property.

Full Name:	Address:
Khaled Agil	452 B st Santa Rosa CA 95401
Mohammad Shehaden	452 B St Santa Rosa CA 95401

In addition, please identify the name of each civil engineer, architect, and consultant for the project.

Full Name:	Address:
~~name~~ none	

City of Santa Rosa
JAN 24 2023
Planning & Economic Development Department

Additional names and addresses attached: ☐ Yes ☒ No

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: _____ 1-12-2023
Applicant Date

City of Santa Rosa
PLANNING & ECONOMIC DEVELOPMENT

Electronic/Digital Signature Disclosure

Project Address: 452 B STREET SANTA ROSA CA 95401

I understand and agree that (i) electronically signing and submitting any document(s) to the City of Santa Rosa legally binds me in the same manner as if I had signed in a non-electronic or non-digital form, and (ii) the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by the City of Santa Rosa, is considered to be the true, accurate and legally enforceable record in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of the City of Santa Rosa's electronically stored copy of any other documents.

By using the system to electronically sign and submit any document, I agree to the terms and conditions of this Electronic/Digital Signature Disclosure.

Signature: _____ Date: 1/12/2023 KA

Title: CEO/KHALED AQIL Relationship to Project: CEO

Company/Organization: THE DUNGEON

City of Santa Rosa
JAN 24 2023
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PROPERTY OWNER(S) CONSENT

[Required in lieu of Property Owner(s) signature on Application Form]
(Form 1A of 5)

Project Information:

Project Name: PIERCING ROOM THE DUNGEON

Site Address(es): 452 B STREET SANTA ROSA CA 95401

Assessor's Parcel Number(s): 010-044-019

Applicant Name: KHALED AQIL

Brief Project Description: Please described the proposed use with information including operating hours and characteristics, or proposed development by describing changes to structures and site, or proposed structures:

THE DUNGEON MON-SAT 10AM-10PM, SUN 10AM-7PM
WE WILL USE A 300 SWUARE FOOT ROOM FOR BODY PIERCING AND 100SF
ROOM TO CLEAN AND SANITIZE TOOLS USED FOR PIERCINGS. ALL MEETING
ABOVE ALL HEALTH DEPARTMENT STANDARDS.

Property Owner Information:

Contact Name: CHANG GEORGE

Mailing Address: 1929 IRVING ST STE 307

City: SAN FRANCISCO State: CA Zip: 94122

Phone: (415) 516- 7974 Alternate Phone: N/A

Email Address: N/A

I declare under penalty of perjury that I am the owner of said property or have written authority from property owner to file this application. I certify that all the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

PROPERTY OWNER'S SIGNATURE: George Chang DATE: 1/12/2023

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