



DISCLOSURE FORM

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File No. <b>CVPI8-053</b>	Quad. <b>SE</b>
Related Files <b>PRAP18-042</b>	
DEPARTMENT USE ONLY	

DISCLOSURE FORM

**Project Title:** CN Santa Rosa - 2612 Santa Rosa Ave. Bldg. #1, Santa Rosa CA 95407  
(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:
Josh Diague	9802 SE Nicholas Dr, Happy Valley OR, 97086
Tyler Walker	13965 SE King Rd, Happy Valley OR, 97086
Ryan Walker	13965 SE King Rd, Happy Valley OR 97086
Tim Walker	6685 Bridle Path, Prescott AZ 86305
Tyler Champlin	1212 Scheidegger Circle, Folsom CA, 95603

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

Full Name:	Address:
John Sutton	6080 Pony Express Trail #6, Pollock Pines, CA 95726
Tyson Howard	711 Haight Ave. Alameda, CA 94501

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:

Applicant

**City of Santa Rosa** 4/10/18  
Date

**APR 19 2018**



# DISCLOSURE FORM

Please Type or Print

File No. CUP15-070	Quad. SC
Related Files	
DEPARTMENT USE ONLY	

www.srca.org

**Project Title:** Green Trove Wellness Dispensary, 358 Yolanda Ave.  
(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.

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Full Name:	Address:
Green Trove Wellness.	4262 Sebastopol Rd., Santa Rosa, CA 95407
Mike Gasparini	4262 Sebastopol Rd., Santa Rosa, CA 95407
Allan Henderson	4262 Sebastopol Rd., Santa Rosa, CA 95407

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

Full Name:	Address:
Jim Henderson	822 College Ave., Suite C, Santa Rosa, Ca 95404

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:  4/20/18  
Applicant Date