

ATTACHMENT 5 DISCLOSURE FORM

Please Type or Print

File No. DR14-092	Quad.
Related Files	
DEPARTMENT U	JSE ONLY

www	www.srcity.org				
	Project Title: Spinster Inn & Off-site Events Kitchen: 407-413 South A Street (Include site address)				
D-sclos	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: Partnerships: Corporations: Identify all individuals Identify all general and limited partners 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.				
UR	Option Holders:	ons on the real property.			
E	Full Name:		Address:		
F	Urban Green Foo	ods, LLC - Owner	401 South A Street: Santa Rosa, CA 95401		
OR	Eric Anderson, Managing Member		401 South A Street: Santa Rosa, CA 95401		
M	EA X FLP, Member		93 4th Ave #1289; NYC 10276		
	In addition, pleas	In addition, please identify the name of each civil engineer, architect, and consultant for the project.			
	Full Name:		Address:		
	Archilogix (consu	ıltant)	50 Santa Rosa Ave: Santa Rosa, CA 95404		
	Bisbee Ar	-ch + Design	1212 FourthSt #K, Santa Rosa, CA 95404		
		Additional nam	nes and addresses attached: Yes No		
	The above inforn	nation shall be promptly up	odated by the applicant to reflect any change that occurs prior to final action.		
	I certify that the	above information is true ar			
	ľ		Applicant Date		