



DISCLOSURE FORM


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D I S C L O S U R E F O R M	Project Title: <u>Hampton Inn and Suites</u> (Include site address) <u>0 Airway Drive, Santa Rosa APN 058-011-018</u>	
	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:
	Gary Tharaldson Manager	4255 Dean Martin Dr STE J, Las Vegas NV 89103
In addition, please identify the name of each civil engineer, architect, and consultant for the project.		
Full Name:	Address:	
Tim Schram, Adobe Associates, Inc	1220 N. Dutton Avenue. Santa Rosa, CA 95401	
Kastytis Cechavicius, Design Cell Architecture	1077 W. Twain Avenue, Suite 125 Las Vegas, NC 89135	

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: <u></u> Applicant	Date _____