

## **DISCLOSURE FORM**

Please Type or Print

DEPARTM	ARTMENT USE ONLY			
Related Files				
File No.	Quad.			

/\A/\A/	.srcity.org			DEPARTMENT USE ONLY		
7000		ireen Pen Reta	il Outlet, 353 College A	ve., Santa Rosa, CA 95401		
	(Include site address)					
	Please provide the use action. Incluon the property.	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.				
DISC	Individuals: Partnerships: Identify all individuals Corporations: 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 mulisted.					
	LLCs: Trusts:	Identify all members, managers, partners, officers and directors.				
R						
E	Full Name:	onan Saras	Address:	0, Santa Rosa, CA 95402		
5	Keenan Sores		FO BOX 490	0, Santa 1105a, OA 93402		
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	In addition, pleas	n addition, please identify the name of each civil engineer, architect, and consultant for the project.				
ı	Full Name:  Nick Caston - Consultant  Peter Stanley - Architect  Jeff Warner - Engineer		Address:			
l			2544 Cleveland	Ave., Santa Rosa, CA 95403		
ł			50 Santa Rosa Avenue, Suite #400, Santa Rosa, CA 95404			
ł				Suite 201, Santa Rosa 95405		
ł						
F						
1						
ŀ						
L		Additional na	mes and addresses attached:	☐ Yes ■ No		
T	The above inform	nation shall be promptly	updated by the applicant to reflect	any change that occurs prior to final action.		
	THE above illion	in the property of	//:	n1l.a		
T		hove information is tru	e and correct: /////	4/16/18		
	I certify that the a	above information is tru	Whali	cant Date		

Applicant