



DISCLOSURE FORM

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Project Title: 900 Santa Rosa Avenue, Santa Rosa, CA

(Include site address)

R & B Dispensary, Inc dba Mercy Wellness Santa Rosa

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:

Ryan OKelly

7950 Redwood Drive, Suite 4, Cotati, CA. 94931

Brandon Levine

7950 Redwood Drive, Suite 4, Cotati, CA. 94931

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

Full Name:

Address:

DGA (Architect)

201 Filbert Street, San Francisco, CA 94133

Karen Mantele

P.O. Box 783, Lucerne, CA 95988

Janice Spuller / TJKM

2055 Gateway Place, Suite 400, San Jose CA 95110

Jeff Warner / Warner Mechanical

200 Montgomery Drive, Suite #D, Santa Rosa Ca 95405

Chris Ryan / 4D Perspective (Architect)

680 Mission Street, #8E, San Francisco, CA 94105

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:

Ryan OKelly
Applicant

4-16-18

Date