



DISCLOSURE FORM (Form 3 of 5)



Project Title: MOBILE FOOD VENDING, 500 SEBASTOPOL RD, 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:
MOISES RAMIREZ GARCIA	1509 HEATHER DR, SANTA ROSA CA 95401
GUILLERMO SANCHEZ	195 EZRA AVE, SANTA ROSA CA 95401
SMV Pro. LLC	
1	
In addition, please identify the name of ea	ch civil engineer, architect, and consultant for the project.
Full Name:	Address:
-	
Additional nam	es 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: 10 - 24 - 74 Applicant Date



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Full Name:	Address:
BIANKA BERNAL CASTILLO	3448 SANTA ROSA AVE, SANTA ROSA 95407
GUILLERMO SANCHEZ	195 EZRA AVE, SANTA ROSA CA 95401
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	Constitution of Constitution (Constitution of Constitution of
Full Name:	Address:
Full Name:	

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☐ Yes ■ No

I certify that the above information is true and correct: Bionka Bernel Castille
Applicant

Additional names and addresses attached:

1 2024 Date