

PROJECT DISCLOSURE STATEMENT

Parties having a 5% or more interest in the project that is the subject of this application.

THIS PAGE MUST BE FILLED OUT COMPLETELY AND NOTARIZED. Do not indicate 'NONE' in the space provided.

APPLICATION # _____

STATE OF OHIO
COUNTY OF FRANKLIN

Being first duly cautioned and sworn (NAME) Shawn McNeil
of (COMPLETE ADDRESS) 370 Charleston Ave

deposes and states that (he/she) is the APPLICANT, AGENT, OR DULY AUTHORIZED ATTORNEY FOR SAME and the following is a list of all persons, other partnerships, corporations or entities having a 5% or more interest in the project which is the subject of this application and their mailing addresses:

NAME	COMPLETE MAILING ADDRESS
Jon Crossinger	4597 Olentangy Blvd 43214
Heather Kreim	4597 Olentangy Blvd 43214

SIGNATURE OF AFFIANT _____

Sworn to before me and signed in my presence this _____ day of _____, in the year _____

Notary Seal Here

SIGNATURE OF NOTARY PUBLIC

My Commission Expires

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.
Applications must be submitted by appointment. Call 614-645-4522 to schedule.
Please make checks payable to the Columbus City Treasurer