

FINANCIAL DISCLOSURE FORM



FORM REQUIRED: Used to document the source of all money invested or spent to fund a new establishment, expand an existing establishment, or buy an existing business, when the business holds one of the following licenses: Liquor (1470, 1473, 1474, 1475, 1478, 1479, 1480, 1481), Amusement (1046, 1050, 1056), Hotel (1370), Massage Establishment (1524), or Day Care (1584, 1585, 1586, 1587)

INSTRUCTIONS: Complete the 4 parts below, being sure to follow all printed instructions carefully. If a section does not apply, <u>mark it "N/A"</u>. If more room is needed to complete any of the following sections, <u>include an attachment</u>. This form must be signed in Part 4 by an owner or officer <u>listed with the Department</u> of Business Affairs & Consumer Protection.

PART 1 INFORMATION	<u>N</u> ▶ F	ROVIDE THE F	OLLOWING IN	IFOR	MATION ABOUT	THEL	EGAL ENTITY	APPLYI	NG FOR TH	HE LICENSE(S)	
[BACP] BUSINESS ACCT-SITE				[IDOR] IL ACCOUNT ID #			[ISOS] IL FILE #				
[APPLICANT ENTITY] BUSINESS LEGAL NAME					SINESS "DOIN	IG BU	SINESS AS"	(DBA) I	NAME		
[PRIMARY BUSINESS CONTACT] FIRST NAME MIDDLE NAME							LAST NAM	E			
IDDINA DV DUCINICO CONTA CTI O	UDDENT DECIDE	ITIAL ADDDE	.00		CUITE/ADT	CITY	,		CTATE	ZID CODE	
[PRIMARY BUSINESS CONTACT] C	UKKENI KESIDEI	NIIAL ADDRE	:55		SUITE/APT	CITY		STATE ZIP CODE			
HOME PHONE	WORK PHONE MOBILE PH				IONE E-MAIL ADDRESS						
()											
PART 2 EXPENSES	►ï	TEMIZE ALL EX	(PENSES FOR	THE	FUNDING OF T	HE BUS	SINESS OR OW	/NERSH	P CHANGE	E AT THIS LOCA	ATION
Description of Expenses (start-up,	expansion, and/or bus	siness purchase	costs only: con	struct	tion, renovation, s	stock pu	rchase, invento	ry, etc.)	Amoun	t of Expense	
									▶\$		
									▶\$		
									▶\$		
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	Total	Evnenses: (0	thould be acrest to	orlos	s than Total Busines	e Einer	ing amount on ac-	ge 21	\$		
	iolai	Expenses. (S	noulu be equal to	or ies	ง แสม Total Dusines	s rinanc	піў апіошіі оп раў	y e 3)	Ψ		

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PART 3 FINANCING		▶ IDENTIFY THE SOURCE(S) OF THE FUNDS USED TO PAY FOR THE EXPENSES LISTED IN PART 2										
a BUSINESS SAVINGS & CHECKING		▶ Identify any funds from business accounts used to fund expenses listed in Part 2										
Account Number Financial Institution		Date Opened		Signatories on Account		Current Balance			\$ Drawn for Business			
							▶\$			▶\$		
							▶\$			▶\$		
							▶\$	j		▶\$		
							▶\$			▶\$		
			Total dollar amount drawn from				business accounts:			> \$		
Desc	cription of Source (i	dentify the sources) of the	money in the accounts listed above			Contribution Frequency			Contribution Amount			
									▶\$			
										▶\$		
										▶\$		
									▶\$			
b	PERSONAL S	AVINGS & CHECKING	G ► Identify any funds from personal acco			m personal accoun	nts used to fund expenses list			ed in Part 2		
Acco	ount Number	Financial Institution	Date Open	ate Opened Signatories on Acco		Account	Current Balance			\$ Drawn for Business		
							▶\$			▶\$		
							▶\$			▶\$		
							▶\$			▶\$		
							▶\$		▶\$			
		Total dollar amount drawn from			personal accounts:			> \$				
Description of Source (identify the sources) of the		money in the accounts listed above			Contribution Frequency		Contribution Amount					
									▶\$			
									▶\$			
								▶\$				
									▶\$			
c LOANS FROM FINANCIAL INSTITU								und expe	nses lis	ted in Part 2		
Account Number Financial Institution		Loan Date		Loan Term	an			Loan Amount				
										▶\$		
										▶\$		
										▶\$		
							▶\$					
			Total dollar amount loaned by f			nancial institutions:		> \$				
d LOANS FROM INDIVIDUALS			▶ Identify any loans from individuals use			to fund exper						
Name of Individual		Loan Date	!	Source of Funds for Loan			% Investment		Loan Amount			
						%		▶\$				
						%		▶\$				
						%		▶\$				
							%		▶\$			
								%	▶\$			
					Total d	Iollar amount loa	ned by indiv	viduals:	d	> \$		

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e SECURITIES ▶ Identify any securities (e.g. stocks, bonds, certificates of deposit, etc.) sold to fund expenses listed in Part 2													
Name of Security		Buy Date		Sell Date	# of shares	Price	Ticker	Amount Invest	ed				
								▶\$					
									▶\$				
								▶\$					
									▶\$				
				Tot	tal dollar amou	ınt drawn from	the sale of	securities: e	> \$				
f	GIFTS FROM	INDIVIDUALS		► Ident	tify any gifts from individuals used to fund expenses listed in Part 2								
Nar	ne of Giver		Date of Gi	ft	Source of Fund	ls for Gift	% Investment	Amount					
								%	▶\$				
								%	▶\$				
								%	▶\$				
								%	▶\$				
			!			Tot	al financing	from gifts:	> \$				
g GIFTS/GRANTS FROM INSTITUTIONS ▶ Identify any gifts and/or grants from institutions used to fund expenses listed in Part 2													
	itution	Address (Street, City,			Contact Name	& Phone		Grant Date	Amount Gifted				
			<u> </u>						▶\$				
									▶\$				
									▶\$				
								▶\$					
			т	otal mo	ney received	from institution	nal gifts and	or grants:	- \$				
h	OTHER FINAL	NCING		▶ Ident	tify any other fin	ancing (e.g. credit	cards, etc.) use	d to fund expenses	listed in Part 2				
Des	cription of Financii	ng							Amount Finance	ced			
									▶\$				
									▶\$				
									▶\$				
					Tota	I money draw	n from other	financing:	> \$				
=	FINANCING T	OTALS		▶ Sub-	total all funds (s	ections "a" through	"h") used to fu	und expenses listed	in Part 2				
Business Accounts a > \$					Gifts from Individuals								
Personal Accounts b > \$			b > \$			Giff	ts/Grants from	Institutions	> \$				
Loans from Financial Institutions C >\$					Oth	er Financing h	> \$						
Loans from Individuals d > \$				ТО	TOTAL BUSINESS FINANCING (sum a:h)* = >\$								
Securities e > \$					* s/	* should be equal to or greater than total amount of expenses listed in Part 2							
PA	RT 4 ACKN	OWLEDGEMENT	► REVIEW	THE FO	LLOWING STAT	EMENT AND SIG	ON YOUR ACK	NOWLEDGEMENT	BELOW				
 I hereby certify, under penalty of perjury, that I am authorized to execute this form and that all information I have provided on this form is complete, true, and, correct. I certify that I understand that all information provided on this Financial Disclosure Form will be corroborated. The City of Chicago reserves the right to request any and all documentation it determines necessary to perform this verification. I and/or my Applicant will have three business days to meet such requests, and failure to do so may result in a disapproved or suspended license application. I understand and accept that any falsification or purposely holding back of this information is grounds for recalling the license(s) issued. I hereby certify that the information supplied in this form is true and complete, and hereby authorize the City of Chicago to make all necessary inquiries to verify its accuracy. A false statement of material fact made on this form may violate federal, state and/or local law, and may subject any person making such a statement to a range of civil and criminal penalties, 													
such as a period of incarceration, fines and an award to the City of Chicago of up to three times any damages incurred. In addition, persons who submit false information are subject to denial of the requested City action.													
PRI	NTED NAME OF BU	ISINESS OWNER/OFFIC	ER	TITLE	<u>s</u>	IGNATURE OF E	BUSINESS OW	NER/OFFICER	DA	TE			
)	(

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