

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</u> <u>"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 and notarized in Part 4 by an owner or officer <u>listed with the Department of Business Affairs & Consumer Protection</u>.

PART 1 INFORMATIO	N	▶ PROVIDE THE	FOLLOWING	INFOR	MATION ABOUT	THE LEGA	L ENTITY APPLYING	G FOR TH	E LICENSE(S)				
Account # (Business Affairs)	(IRS)	IBT # (IL Dept. Rev.)			IL State File # (IL Sec. State)								
Legal Name of Applicant Entity					- " "Doing Business as Name " of establishment								
First Name of Primary Business Contact Middle Name						Last Na	me						
Home Street Address of Primary Business Contact					Suite/Apt.	City		State Zip code					
Home Phone	Work Phone		Cellular P	hone		Email Address							
()	()		()										
PART 2 EXPENSES		► ITEMIZE ALL E	XPENSES F	OR THE	FUNDING OF T	HE BUSINE	SS OR OWNERSHI	P CHANGI	E AT THIS LOC	ATION			
Description of Expenses (start-up, expansion, and/or business purchase costs only: construction, renovation, stock purchase, inventory, etc.								Amount of Expense					
								▶\$					
								▶\$					
								▶\$					
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								▶\$					
	Тс	otal Expenses: (a	Should be equa	l to or less	s than Total Busines	ss Financing a	mount on page 3)	▶\$					

	NCING SAVINGS & CHECKING	IDENTIFY THE SOURCE(S) OF THE FUNDS USED TO PAY FOR THE EXPENSES LISTED IN PART 2 Identify any funds from business accounts used to fund Expenses, Part 2							
a BUSINESS SAVINGS & CHECKING Account Number Financial Institution		► Identify any funds from business ad Date Opened Signatories on Account			Current Balance	Jenses, r	\$ Drawn for Business	;	
					▶\$		▶\$		
					▶\$		▶\$		
					▶\$		▶\$		
					▶\$		►\$		
					▶\$		►\$		
			Total dollar amou		·	s: a	►\$		
Description of Source	e (identify the sources) of the	e monev in the a			Contribution Frequ		Ψ Contribution Amount		
P		· · · · · · · · · · · · · · · · · · ·				,	▶\$		
							▶\$		
							▶\$		
							►\$		
PERSONAL	SAVINGS & CHECKING	G	Identify any funds fro	m personal accoun	its used to fund Exp	enses, Pa			
Account Number	Financial Institution	Date Opened	Signatories on A		Current Balance		\$ Drawn for Business	i	
					▶\$		▶\$		
				1	▶\$		▶\$		
				1	▶\$		▶\$		
				1	▶\$		▶\$		
				1	▶\$		▶\$		
			Total dollar amo	unt drawn from p	personal accounts	s: b	\$		
Description of Sourc	e (identify the sources) of the	e money in the a	accounts listed above		Contribution Frequ	ency	Contribution Amount	:	
							▶\$		
							▶\$		
							▶\$		
							▶\$		
LOANS FRO	M FINANCIAL INSTITU	TIONS	Identify any loans fro	m financial instituti	ions used to fund Ex	kpenses,	Part 2		
Account Number	Financial Institution	Loan Date	Loan Term	Cosigners of Loa	an		Loan Amount		
							▶\$		
							▶\$		
							▶\$		
							▶\$		
			Total dollar amo	unt loaned by fin	ancial institution	s: C	\$		
LOANS FROM INDIVIDUALS		Identify any loans from individuals u Loan Date Source of Funds for Loan			sed to fund Expenses, Part 2 % Investment				
lame of Individual		Loan Date	Source of Funds	tor Loan	% Inve	estment %	Loan Amount		
								_	
						%	►\$ 	_	
						%	▶\$	_	
						%	▶\$	_	
						%	▶\$		

e SECURITIES					Identify any securities (stocks, bonds, CODs, etc.) sold to fund Expenses, Part 2							
Name of Security Buy Date				Sell Date	# of shares	Price	Ticker	Amount Invested				
										▶\$		
									▶\$			
										▶\$		
										▶\$		
				Тс	otal dollar amoun	nt drawn from	the sale of s	ecurities:	е	\$		
f	GIFTS FROM	INDIVIDUALS		► Ide	entify any gifts fron	n individuals use	ed to fund Exp	enses, Part	2			
Nam	ne of Giver		Date of Gi	ft	Source of Funds for Gift % Investmen					Amount		
									% ►\$			
									%	% ▶\$		
									% ▶ \$			
										▶\$		
				-		Tota	l financing f	rom gifts:	f	\$		
g	GIFTS/GRAN	TS FROM INSTIT	UTIONS	► Ide	entify any gifts and	or grants from i	nstitutions us	ed to fund E	Expens	nses, Part 2		
Insti	itution	Address (Street, Cit	y, State)		Contact Name &	tact Name & Phone Grant Date				Amount Gifted		
										▶\$		
										▶\$		
										▶\$		
										▶\$		
			т	otal m	oney received fro	om institutiona	al gifts and/o	or grants:	g	\$		
h	OTHER FINAL	NCING		► Ide	entify any other fina	ancing (credit ca	ards, etc.) use	d to fund Ex	penses	Î.		
Description of Financing										Amount Financed		
										►\$		
										►\$ 		
										▶\$		
						money drawn			h	\$		
= FINANCING TOTALS ► Sub-total all funds (sections a-h) used to fund Parts 2												
Business Accounts A S							Individuals		► \$			
Personal Accounts b \$					Gifts	Grants from		g	► \$			
Loans from Financial Institutions							r Financing	h	► \$			
Loans from Individuals					TOTAL BUSINESS FINANCING (a-h)* = \$							
Securities e \$						•	0			enses listed in part 2		
PART 4 ACKNOWLEDGEMENT ► REVIEW THE FOLLOWING STATEMENT AND SIGN YOUR ACKNOWLEDGEMENT 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.												
Sia	nature of Applic	ant			Da	ate	_					
Subscribed and sworn to before me this Day of20												
Notary Public in and for said County and State								(PLACE SEAL HERE)				
CITY OF CHICAGO • Department of Business Affairs and Consumer Protection: Business Assistance Center City Hall, Room 800 • 121 N. La Salle Street, Chicago, IL 60602												