



DISCLOSURE OF BENEFICIARIES
Development Services Department

PART A – APPLICANT INFORMATION

Entity being disclosed			
Full Name			
Address	<i>Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	
Person making this disclosure			
Full Name			
Capacity			
Address	<i>Number & Street:</i>		
	<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
Contact Information	<i>Phone:</i>	<i>Email:</i>	

PART B – NATURE OF BENEFIT SOUGHT

PART C – ENTITY TYPE BEING DISCLOSED (Please select one):

- a. Corporation / Limited Liability Company
- b. Land Trust / Trustee
- c. Trust / Trustee
- d. Partnership
- e. Joint Venture
- f. Other _____

PART D – DISCLOSURE

In accordance with Title 1, Chapter 13, of the Lisle Village Code, identify by name and address each person or entity who is a 5% or more shareholder, officer, and director in the case of a corporation, beneficiary in the case of a land trust or trust, partner in the case of a partnership, joint venturer in the case of a joint venture, or who otherwise has a proprietary interest, interest in profits and losses, or right to control such entity:

Name	Address and Telephone	Interest

Important note: In the event your answer to Part D identifies entities other than an individual, additional disclosures are required for each entity.

VERIFICATION

I, _____, being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the entity, that I am duly authorized to make this disclosure, that I have read the above and foregoing disclosure of beneficiaries, and that the statements contained herein are true in both substance and fact.

Dated this _____ day of _____, 20_____.

By: _____

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20_____.

Notary Public