

**CITY OF NAPERVILLE**  
**PETITIONER/APPLICANT - DISCLOSURE OF BENEFICIARIES**

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

1. Petitioner: NIKOLE CLAY, LMT, PRESIDENT OF SOMA SAGE HEALTH  
Address: 552 S. WASHINGTON ST., SUITE 207 & HEALING, T  
NAPERVILLE, IL 60540 INC.

2. Nature of Benefit sought: CONDITIONAL USE

3. Nature of Petitioner (select one):
- a. Individual
  - b. Corporation
  - c. Land Trust/Trustee
  - d. Trust/Trustee
  - e. Partnership
  - f. Joint Venture
  - g. Limited Liability Corporation (LLC)
  - h. Sole Proprietorship

4. If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics of Petitioner:

\_\_\_\_\_

5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):

- **Limited Liability Corporation (LLC):** The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- **Corporation:** The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
- **Trust or Land Trust:** The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
- **Partnerships:** The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
- **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
- **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
- **Other Entities:** The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

NIKOLE CLAY, LMT OWNER/PRESIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name, address and capacity of person making this disclosure on behalf of the Petitioner:

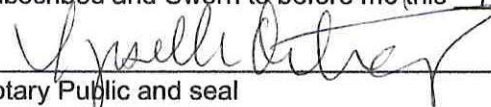
NIKOLE CLAY, LMT  
3164 OLLEXTON AVE., ARLING, IL 60502

VERIFICATION

I, NIKOLE CLAY (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the Petitioner, 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 therein are true in both substance and fact.

Signature: 

Subscribed and Sworn to before me this 7<sup>th</sup> day of November, 20 21.

  
Notary Public and seal

