ZONING VARIANCE FORM



ADDRESS OF SUBJECT PROPERTY: 133 S.	. Washington ave. Naperville, Illinois 60540
PARCEL IDENTIFICATION NUMBER (PIN): _	
ı. PETITIONER : Saad Zuberi (MT&ZU Ventu	,
PETITIONER'S ADDRESS: 154 FOUNTAIN GRASS	CIRCLE
CITY: BARLETT STATE: ILLINOIS	
PHONE: 630 400 2773 EMAIL ADDRESS: _	STZUBERI414@GMAIL.COM
II. OWNER(S): Claremont One Holdings LLC OWNER'S ADDRESS: 115 E Ogden Ave STE 105-175	
	60563
CITY: Naperville STATE: ILLINOIS	ZIP CODE: 60563
PHONE: 3127216017 EMAIL ADDRESS: 9	claremontone.llc@gmail.com
III. PRIMARY CONTACT (review comments sent to this RELATIONSHIP TO PETITIONER: SAME AS PETITIONER:	contact): SAAD ZUBERI
PHONE: 630 400 2773 EMAIL ADDRESS: _	
IV. OTHER STAFF	
NAME: FAHAD ZUBERI	
RELATIONSHIP TO PETITIONER: Managers	
PHONE: 630 281 0375 EMAIL ADDRESS:	FAHAD@ARTSPOTCHICAGO.COM
NAME: MARIA KHAN ZUBERI	
RELATIONSHIP TO PETITIONER: WIFE	
PHONE: 773 910 2349 FMAIL ADDRESS:	MARIAJKN@GMAIL.COM

ZONING VARIANCE FORM



v.SUBJECT PROPERTY INFORMATION
ZONING OF PROPERTY: <u>B4</u>
AREA OF PROPERTY (Acres or sq ft):
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed): Petitioner is a Franchise Medical SPA Establishment currently operating in Illinois with 7 active location servicing Chicagoland and suburban areas We are seeking a Variance of "General Service Use with Retail" as Per 6-7D-4 of the Municipal Code. We currently offer about 25% of retail front and accomadate about 60-70% walk in customers
VI. PETITIONER'S SIGNATURE
I, SAAD ZUBERI (OWNER) (Petitioner's Printed Name and Title), being duly
sworn, declare that I am duly authorized to make this Petition, and the above information, to the best of my knowledge, is true and accurate.
(Signature of Petitioner or authorized agent) (Date)
(Signature of Petitioner or authorized agent) (Date)
SUBSCRIBED AND SWORN TO before me this 6 day of MARCH, 2023
(Notary Public and Seal)
OFFICIAL SEAL ANTOCHAN ANTONY NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:02/17/24

ZONING VARIANCE FORM



VII. OWNER'S AUTHORIZATION LETTER

I/we hereby certify that I/we am/are the owner(s) of the above described Subject Property. I/we am/are respectfully requesting processing and approval of the request(s) referenced in this Petition. I/we hereby authorize the Petitioner listed on this Petition to act on my/our behalf during the processing and presentation of this request(s).

(Signature of 1 st Owner or authorized agent)	(Signature of 2 nd Owner or authorized agent)
3/28/23 (Date)	(Date)
Moosa Matariyeh, nember 1st Owner's Printed Name and Title	2 nd Owner's Printed Name and Title
SUBSCRIBED AND SWORN TO before me to Augustus (Notary Public and Seal)	this <u>78th</u> day of <u>March</u> , 20 <u>23</u>

Official Seal Notary Public - State of Illinois My Commission Expires Aug 14, 2025

SABITHA NITIYANANDAM

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:	SAAD ZUBERI	MT &	ZU VEN	TURES	LLC		
		154 FOUNTAIN					LINOIS	60103

- 2. Nature of Benefit sought: Seeking approval to open Skinovatio medical spa franchise.
- 3. Nature of Petitioner (select one):

Individual Partnership

Corporation Joint Venture

Land Limited Liability
Trust/Trustee Corporation (LLC)
Trust/Trustee 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.

	There are 3 members part of the llc. following is there information. SAAD ZUBERI - 156 FOUNTAIN GRASS CIRCLE, BARTLETT, ILLINOIS 60103
	ANOOP MAMTANI - 6027 N Cicero Ave, Chicago, IL 60646
	FAHAD ZUBERI - 1060 ALLUVIAL WAY, SOUTH ELGIN, ILLINOIS 60177
6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
	SAAD ZUBERI - 156 FOUNTAIN GRASS CIRCLE, BARTLETT, ILLINOIS 60103
VERIFI	CATION
that I ar this dis	(print name), being first duly sworn under oath, depose and state m the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make closure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the ents contained therein are true in both substance and fact.
Signatu	re:
Subscri	bed and Sworn to before me this 6^{IM} day of
Notary	Public and seal
NOTARY MY CO	OFFICIAL SEAL NTOCHAN ANTONY Y PUBLIC - STATE OF ILLINOIS MMISSION EXPIRES:02/17/24

CITY OF NAPERVILLE PROPERTY OWNER - DISCLOSURE OF BENEFICIARIES

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2.	Owner: CLAREMONT ONE HOLDINGS LLC	
	Address: 115 E. OGDEN AVE STE 105-175	
	NAPERVILLE, IL 60563	

- 7. Nature of Benefit sought: Seeking approval for tenant to open Skinovatio medical spa franchise.
- 8. Nature of Owner (select one):

Individual Partnership

Corporation Joint Venture

Land Limited Liability Corporation (LLC)

Trust/Trustee Trust/Trustee Sole Proprietorship

- 9. If Owner is an entity other than described in Section 3, briefly state the nature and characteristics of Owner:
- 10. 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.

	MOOSA MATARIYEH - 115 E OGDEN AVE STE 105-175 NAPERVILLE, IL 60563
11.	Name, address and capacity of person making this disclosure on behalf of the Owner:
	SAAD ZUBERI - TENANT
l, that I	[(print name), being first duly sworn under oath, depose and state am the person making this disclosure on behalf of the Owner, that I am duly authorized to make this sure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements ined therein are true in both substance and fact.
_ <	cribed and Sworn to before me this 6 day of MARCH, 2023 y Public and seal
W NO	OFFICIAL SEAL ANTOCHAN ANTONY DTARY PUBLIC - STATE OF ILLINOIS