



Business License Application - Healing Roots Outreach SPV LLC

 Document Type	Formation Timeline
 Status	Draft

Washington State Business License Application

1. BUSINESS INFORMATION

Field	Information
Legal Entity Name	Healing Roots Outreach SPV LLC
Trade Name (DBA)	[Same as legal name]
UBI Number	[To be assigned]
Entity Type	Limited Liability Company
Physical Location	2122 S 272ND ST APT B111, Kent, WA 98032
Mailing Address	2122 S 272ND ST APT B111, Kent, WA 98032
Phone Number	[Your phone]
Email Address	[Your email]
Estimated Gross Annual Income	\$30,000
Description of Business Activities	Mobile outreach services; vehicle leasing and operations

2. OWNER INFORMATION

Field	Information
Owner Name	Healing Roots Outreach Collective
Owner Type	Nonprofit Corporation

UBI Number	605 944 010
EIN	39-3295288
Ownership Percentage	100%
Address	2122 S 272ND ST APT B111, Kent, WA 98032

3. GOVERNING PERSONS

Name	Title	Address	Phone	SSN/ITIN
Jonathan Mallinger	Manager	[Address]	[Phone]	[Last 4 digits]

4. BUSINESS ACTIVITIES

Question	Answer
Date business began or will begin in WA	August 15, 2025
Number of employees within 90 days	0
Do you plan to hire independent contractors?	No
Will you be working with hazardous materials?	No
Do you plan to sell tobacco products?	No
Do you plan to sell marijuana products?	No

5. REVENUE & TAXATION

Question	Answer
Will you be engaging in retail sales?	No
Will you be providing services?	Yes - Vehicle leasing to parent organization
Will you be engaging in wholesale?	No
Will you be engaging in manufacturing?	No
Do you need to register for workers' comp?	No - No employees

6. SIGNATURE

I, Jonathan Mallinger, declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature	Date	Location
_____	August 15, 2025	Kent, Washington