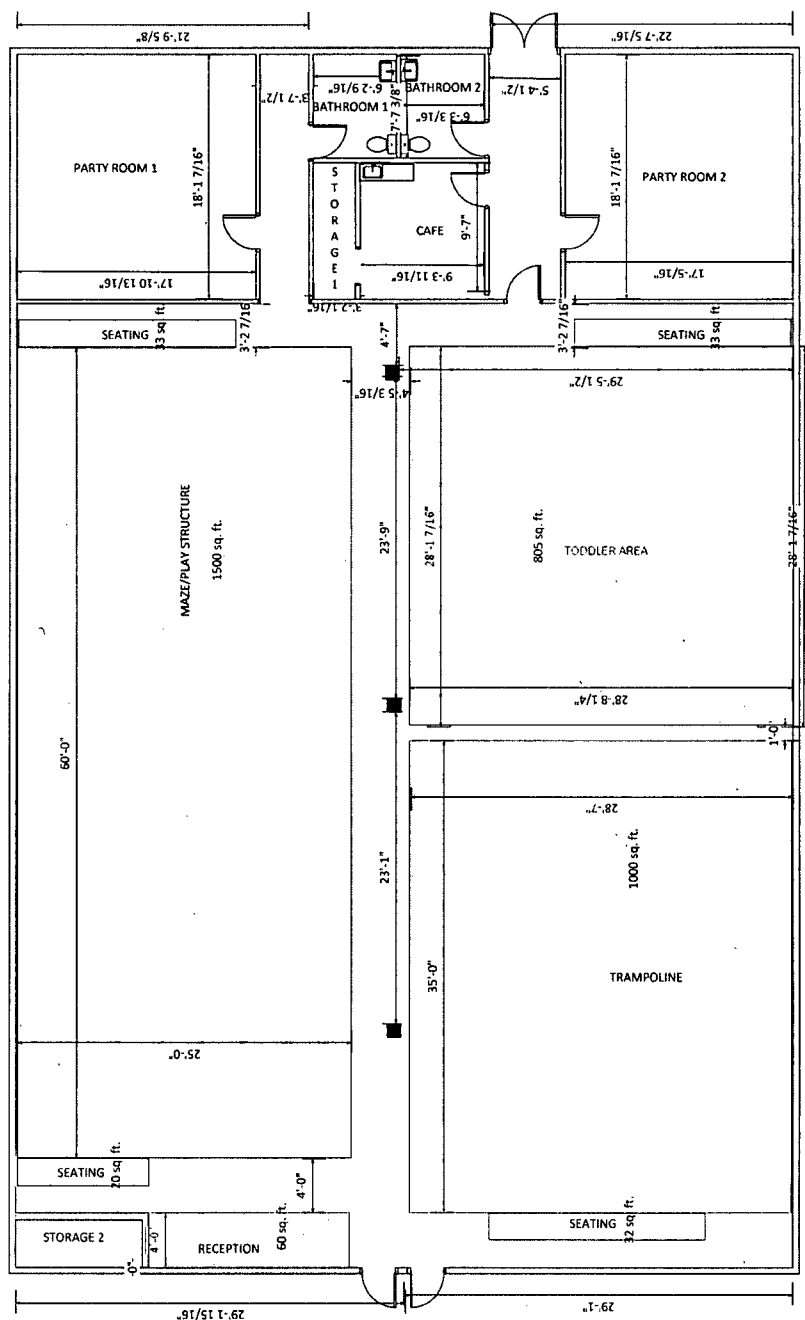


22824
Edman
proposal

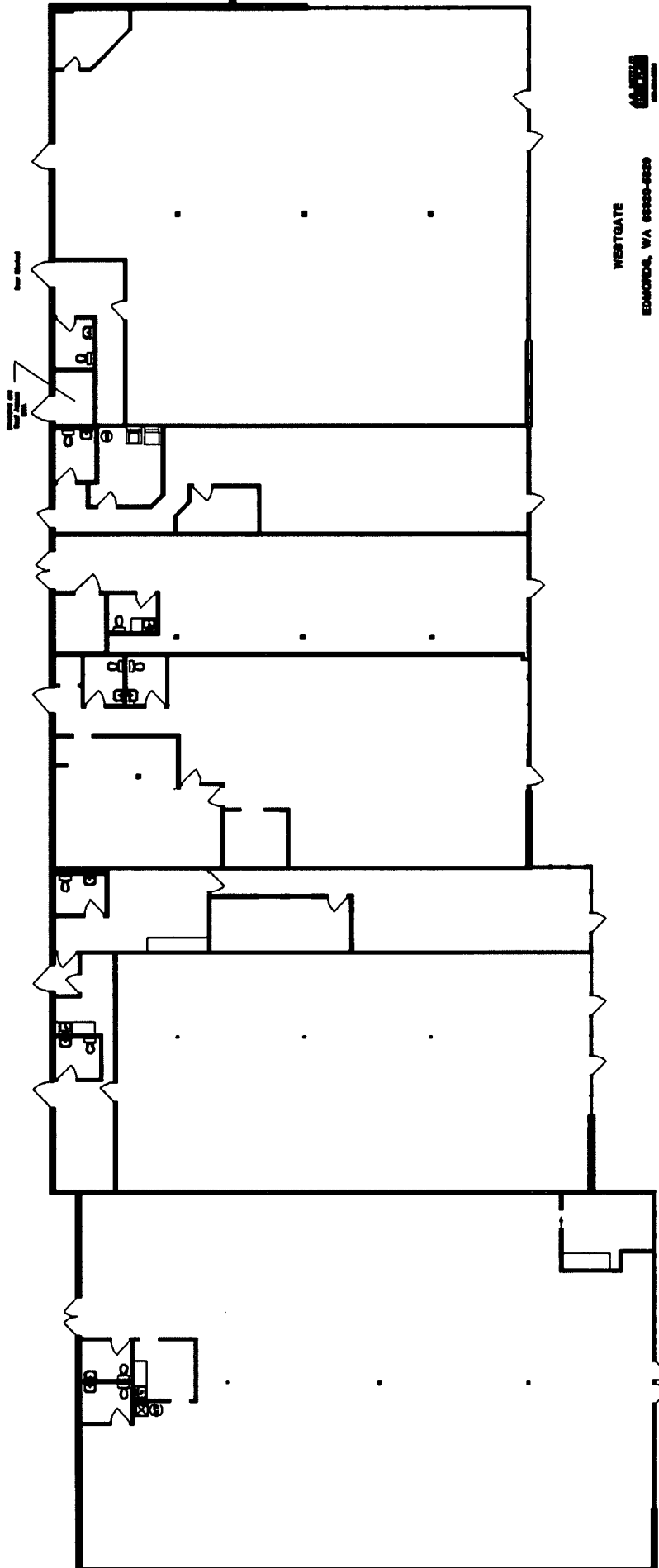
$$90 \times 60 = 5400 / 50$$

A37
Amusement arcades
Exercise rooms



[illegible]

AS BUILT
FLOOR PLAN



WESTGATE

EDMUNDS, WA 98020-0000



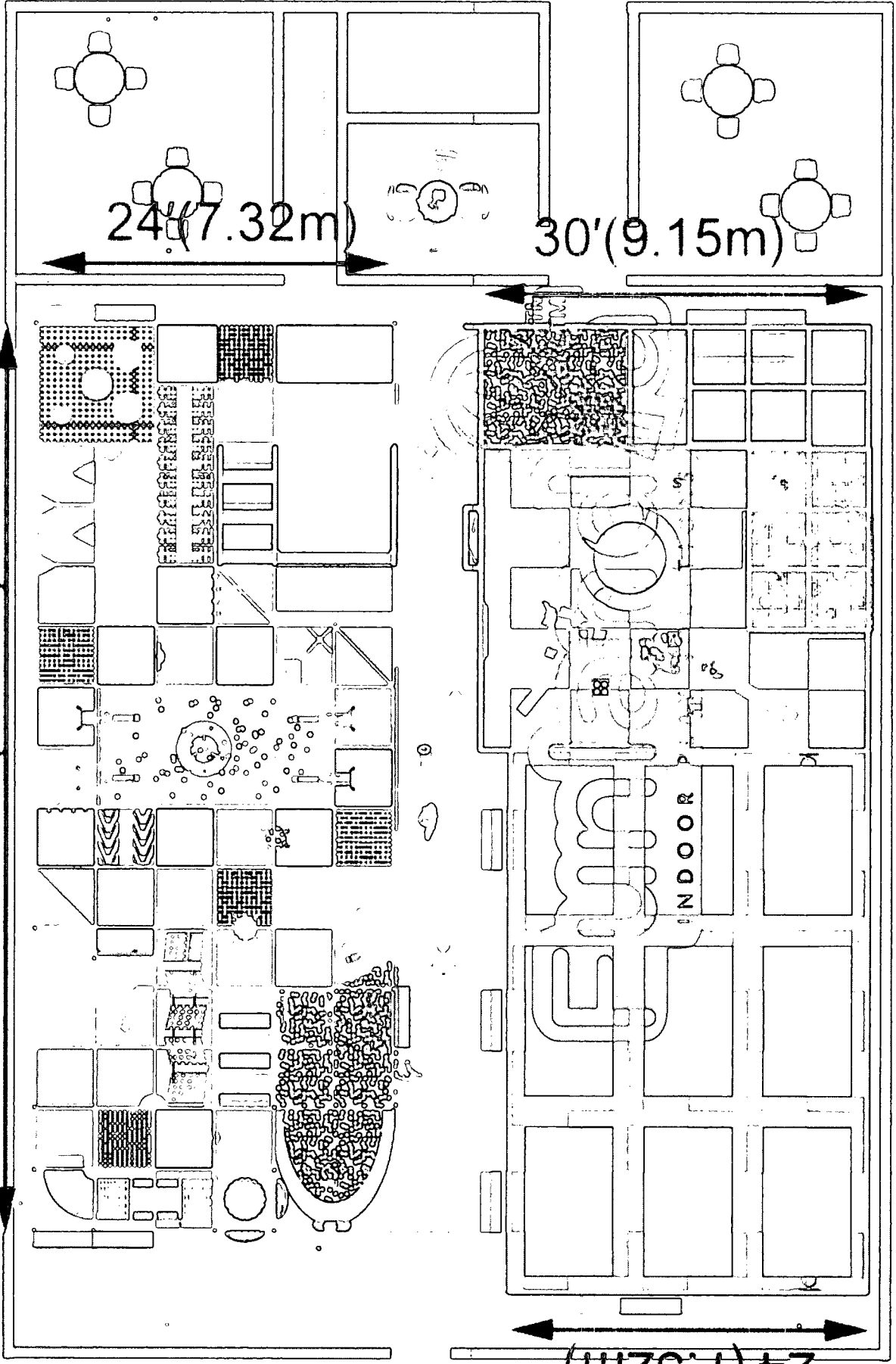
60'(18.3m)

24'(7.32m)

30'(9.15m)

56'(17.08m)

24'(7.32m)



SNODGRASS CO. FIRE DISTRICT



Serving Brier, Edmonds, and Mountlake Terrace

www.FireDistrict1.org

12425 Meridian Ave S
Everett, WA 98208
Phone (425) 551-1200
Fax (425) 551-1272

FIRE PREVENTION INSPECTION REPORT

- ☐ EDMONDS
☐ BRIER
☐ MOUNTLAKE TERRACE
☐ UNINCORPORATED

LOCATION: 22824 100 th Avenue W 98026

BUSINESS NAME: Gift of Life Sample Sale

PHONE: 2067624231

MAILING ADDRESS: 22824 100th Avenue W, Edmonds, WA 98026

BUSINESS OWNER: Park, Diana

HOME PHONE:

EMERGENCY-1:
KEY ACCESS-2:

HOME PHONE:
HOME PHONE:

EMAIL:

FREQUENCY 2015	STATION & SHIFT 20-B
SCHEDULED Feb 2015 DATE DUE	
UFIR 591 153	

CURRENT CITY BUSINESS LICENSE

YES ☐ NO ☐

PERSON CONTACTED:

NAME OF INSPECTOR:

FIRE SYSTEMS: FE

INITIAL INSPECTION DATE

8-18-2015

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	1
2	2
3	3
4	4
5	5
6	6
7	7

VACANT

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:		PERSON CONTACTED:		DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:		INSPECTOR:		PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:		DATE:		INSPECTOR:		3	
DATE:		DATE:		PRE-CITATION LETTER SENT		CITATION ISSUED		4	
VIOLATIONS		VIOLATIONS		DATE:		CODE SECTION:		5	
1	5	1	5	RETURN RECEIPT RECEIVED		DISPOSITION:		6	
2	6	2	6	DATE:				7	
3	7	3	7					8	
4	8	4	8						
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							

FIRE DEPARTMENT COPY



521000 04c 053
CITY OF EDMONDS
BUSINESS LICENSE APPLICATION- COMMERCIAL
FEE: \$125.00

CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION
121 5TH AVENUE NORTH, EDMONDS, WA 98020 PHONE: 425.775.2525

Woff
4-27-15

053

OFFICE USE ONLY

BL#	Customer#	SIC	Year	Class	SHD	Date Paid	TR#	Fee Paid	Mailed	Delete
	00328243	5651	2015	B		4/21/15	003002-005	125		

INSTRUCTIONS: Please complete the application in full and attach the required floor plan. Middle initial or name required of all parties concerned. If no middle name, please indicate by writing NMN. Sign and return application with fee. Please advise of any change in status. New license required if business changes location or ownership. Notification to City of Edmonds required if business closes.

BUSINESS NAME Westgate Clothing Outlet
BUSINESS ADDRESS 22824 100th Avenue West, Edmonds, WA 98020
Street Suite No. Zip Code
MAILING ADDRESS 18224 84th Place West, Edmonds, WA 98026
Street or PO Box Suite No. City, State and Zip Code
BUSINESS PHONE NO. (425) 774-7152 WA STATE TAX ID NO. (UBI NO.) 603362827
BUSINESS E-MAIL poplab@frontier.com BUSINESS WEBSITE _____
PROPERTY OWNER Mark A. Linda A. Horn (425) 774-7152
Name Phone Number

EMERGENCY NOTIFICATION (For Premise Access in Emergency):

Horn Mark A (206) 999-1979
Last Name First Name MI Phone No.
Horn Linda A (206) 999-1959
Last Name First Name MI Phone No.

NATURE OF BUSINESS Retail apparel store

NUMBER OF EMPLOYEES 2-3 SQUARE FOOTAGE OF BUSINESS SPACE 5,442 square ft.

TYPE OF BUSINESS - PLEASE CHECK THE APPROPRIATE CATEGORY:

☐ CONSTRUCTION ☐ FINANCE, INSURANCE, REAL ESTATE ☐ LANDSCAPE, HORTICULTURAL ☐ MANUFACTURING ☐ NON-PROFIT
☒ RETAIL ☐ SECONDHAND DEALER ☐ SERVICES ☐ WHOLESALE ☐ OTHER _____
AMUSEMENT DEVICES ON PREMISES? ☐ YES ☒ NO IF YES, TOTAL NUMBER _____
LIQUOR SOLD ON PREMISES?: ☐ YES ☒ NO GAMBLING? ☐ YES ☐ NO CIGARETTES SOLD ON PREMISES? ☐ YES ☐ NO
FLAMMABLE OR HAZARDOUS MATERIALS USED OR STORED?: ☐ YES ☒ NO IF YES, PLEASE PROVIDE LIST OF MATERIALS AND QUANTITIES:

PROPOSED OPENING DAY OF BUSINESS June 1, 2015 BUSINESS HOURS 10 am - 9 pm
DAYS OPEN ☒ SUNDAY ☒ MONDAY ☒ TUESDAY ☒ WEDNESDAY ☒ THURSDAY ☒ FRIDAY ☒ SATURDAY
PARKING SPACES ON SITE: TOTAL at least 22 ACCESSIBLE FOR PERSONS WITH DISABILITIES 4
DOES THE BUSINESS CONTAIN AN ENTRANCE ACCESSIBLE TO PERSONS WITH DISABILITIES? ☒ YES ☐ NO
PREVIOUS BUSINESS USE AT THIS ADDRESS B2 liquor sales/merchandise

FE EXIT? FLOOR 6?

SOLE PROPRIETORSHIP

NAME _____
 Last First MI
 ADDRESS _____
 Street Apt. No., Unit No. City, State and Zip Code
 HOME PHONE NO. () DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____
 DATE OF BIRTH CITY AND STATE OF BIRTH COUNTRY OF BIRTH

PARTNERSHIP - PARTNER 1

NAME _____
 Last First MI
 ADDRESS _____
 Street Apt. No., Unit No. City, State and Zip Code
 HOME PHONE NO. () DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____
 DATE OF BIRTH CITY AND STATE OF BIRTH COUNTRY OF BIRTH

PARTNERSHIP - PARTNER 2

NAME _____
 Last First MI
 ADDRESS _____
 Street Apt. No., Unit No. City, State and Zip Code
 HOME PHONE NO. () DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____
 DATE OF BIRTH CITY AND STATE OF BIRTH COUNTRY OF BIRTH

CORPORATION

NAME OF CORPORATION 99 West LLC FEDERAL TAX ID NO. EIN 46-575-9801
 CORP ADDRESS 18224 84th Pl. W. Edmonds, WA 98026 PHONE NO. (425) 774-7152
 Street Suite, Apt., Unit No. City, State and Zip Code

CORPORATE OFFICERS:

Last Name	First Name	MI	Title	Date of Birth	DOL No. (Drivers License No.) or Other ID No.
Horn	Mark	A	Member Mgr.	11-25-1953	HORN* MA 477 Q5
Horn	Linda	A	Member Mgr.	4-1-1953	HORN* LA 471 JA

LOCAL CONTACT Horn, Mark A. (425) 774-7152 HORN* MA 477 Q5
 Last Name First Name MI Title Phone No DOL No (Drivers Lic No.) or Other ID No

APPLICANT Mark A. Horn Mark A. Horn Member Mgr. 4/21/2015
 Name - Printed Signature Title Date

CITY USE ONLY:

PLANNING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

ZONING CODE _____ CONDITIONAL USE PERMIT _____

COMMENTS _____

BUILDING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

OCCUPANT LOAD _____ BUILDING PERMIT _____ OCCUPANCY GROUP _____

COMMENTS _____

FIRE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

U.F.I.R. _____

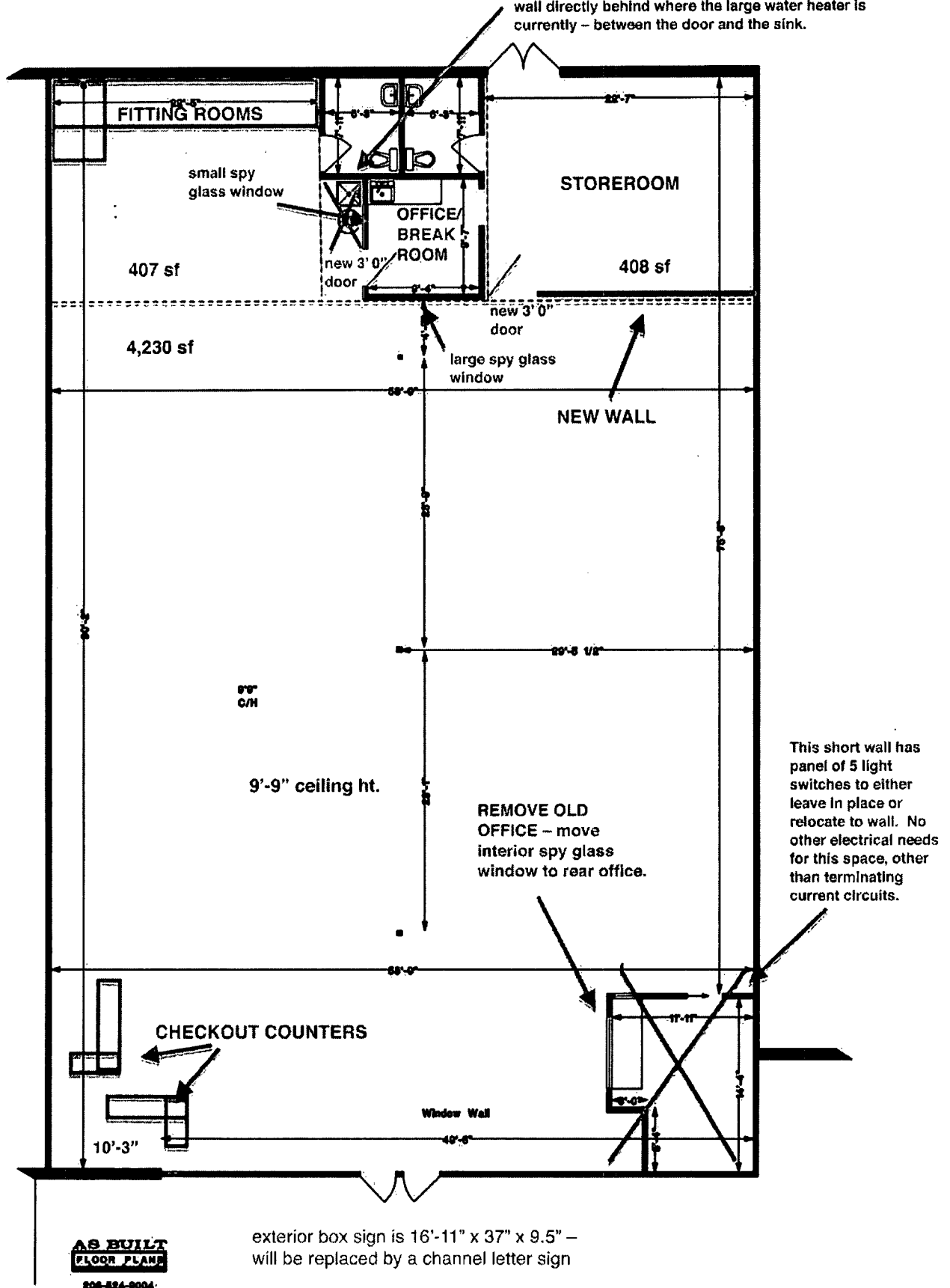
COMMENTS _____

POLICE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

COMMENTS _____

WESTGATE
22824 100TH AVENUE WEST
EDMONDS, WA 98020-5920

UTILITY CLOSET – either remove or enclose. If removed, plumbing for Break Room and utility sink would need to be routed to existing small water heater above ceiling that currently supplies restrooms. If sink and large water heater are removed, small spy window in old office can be installed in the Break Room, on the wall directly behind where the large water heater is currently – between the door and the sink.



John J. Westfall

From: Mark Horn [poplab@frontier.com]
Sent: Tuesday, May 26, 2015 1:53 PM
To: John J. Westfall
Subject: Re: BLD2015-0541 Westgate Clothing Outlet
Attachments: 22824- with TI changes #6.pdf

John,

We called the fixture dealer in Minnesota who sold us the slatwall panels (Accent Store Fixtures), and they told us the manufacturer is Wind Mill Slatwall Products. Here is a link to the Wind Mill webpage that has the fire ratings: <http://www.windmillslatwall.com/specifications.htm>

I have also cut and pasted the fire ratings from that page below. We used the Plain Melamine.

Regarding the wall in the rear exit corridor, can we assume that a 3 ft. tall wall will suffice? We will need an opening into the storage area that will be easily navigated with a loaded hand truck and/or rolling clothing racks. What is the maximum size of opening allowed in that wall? A 4 or 5 foot opening from this corridor into the storage room would be much more convenient for us.

Thanks in advance for your prompt reply.

Best regards,

Mark Horn
Westgate Clothing Outlet
18224 84th Place West
Edmonds, WA 98026
phone: 425-774-7152
poplab@frontier.com

Fire Ratings

Slatwall Panel Fire Rating Chart

Type	Groove	Flame Spread	Class
Paintable	Plain	116	C
Veneer	Plain	170	C
HPL	Plain	100	C
HPL	Metal	120	C
HPL	Plastic	150	C
Melamine	Plain	175	C

Melamine	Metal	170	C
----------	-------	-----	---

On May 22, 2015, at 3:10 PM, John J. Westfall <jwestfall@firedistrict1.org> wrote:

Mark:

Fire comments are as follows:

- 1) PAINTED EXIT LANE BOUNDARY does not meet code requirements for exiting through intervening rooms. Exit requires a 44" aisle defined by a full or partial height fixed wall or similar construction. IFC 1014.2.4 exc 2.4
- 2) Calculate and callout occupant load for M (mercantile) occupancy at 30 s.f. per person.
- 3) Provide illuminated exit sign at rear exit access door and exit door.
- 4) Provide emergency egress lighting in retail area and exit access.
- 5) This reviewer is not sure how SLAT WALL is defined. However that is, verify wall meets Class C finish requirements in accordance with ASTM E 84 or UL 723. (C=Flame Spread Index 76-200/Smoke Developed Index 0-450).

Please wait until all departments have provided comment and resubmit your plans.

Thank you,

John J. Westfall

Fire Marshal

Fire Prevention Services

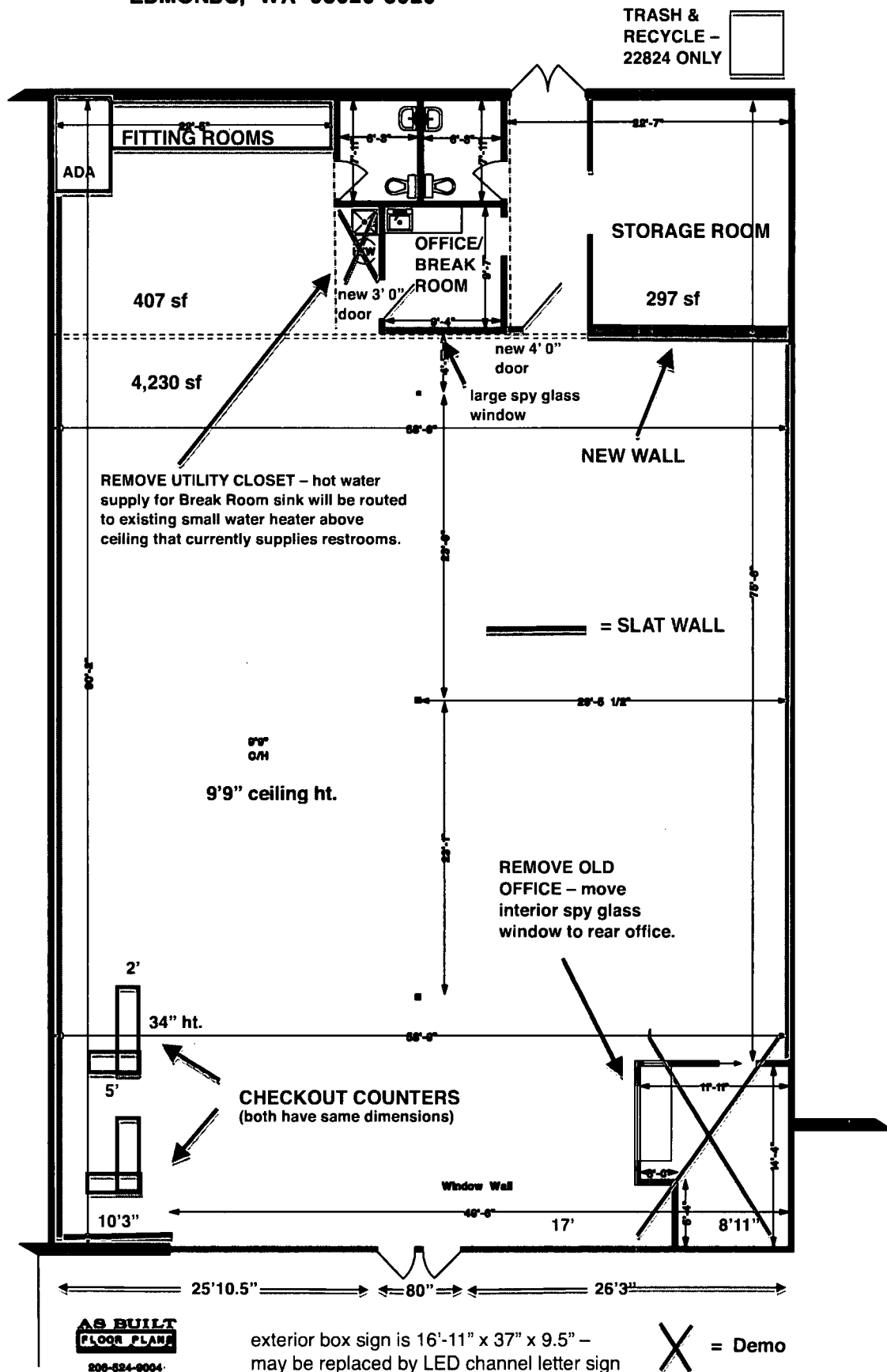
425-771-0213 Desk

425-775-7721 Fax

425-231-3644 Mobile

<image003.jpg>

WESTGATE
22824 100TH AVENUE WEST
EDMONDS, WA 98020-5920



John J. Westfall

From: Mark Horn [poplab@frontier.com]
Sent: Wednesday, May 27, 2015 1:20 PM
To: John J. Westfall
Subject: Fwd: 05specsheel2 - 05specsheel2.pdf

John,

Please see the email below for confirmation that the Wind Mill slat wall product is the one we purchased for a Minnesota store and moved to Edmonds.

Thank you,

Mark Horn
Westgate Clothing Outlet
18224 84th Place West
Edmonds, WA 98026
phone: 425-774-7152
poplab@frontier.com

Begin forwarded message:

From: Mike Iwaskewycz <mike@asfmn.com>
Subject: 05specsheel2 - 05specsheel2.pdf
Date: May 27, 2015 at 1:11:42 PM PDT
To: Mark Horn <poplab@frontier.com>

Hi Mark -

Please see attached PDF spec sheet on the fire rating of the slatwall you bought from us. Please reference Type "Melamine" Groove "Plain" for the rating on flamed spread & class. Any other questions on this please contact windmill for further details,

thanks again!!

<http://www.windmillslatwall.com/pdf/05specsheel2.pdf>

--

Mike Iwaskewycz
Sales Manager & Custom Cabinetry

If you are using mike@storefixturesused.com please change to mike@asfmn.com. Thank you!

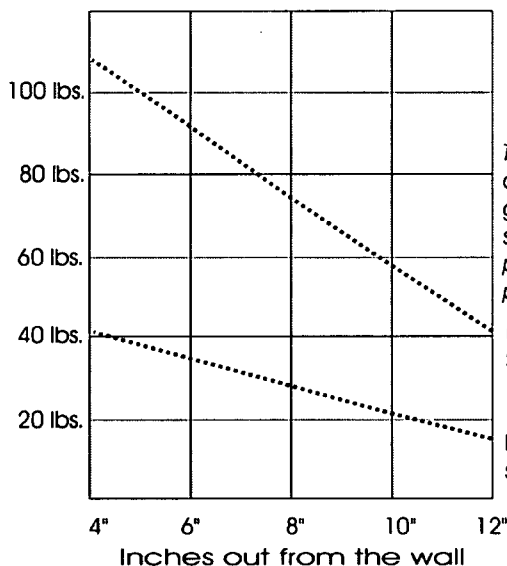
Accent Store Fixtures
434 Lakeside Ave
Minneapolis, MN 55404

www.asfmn.com
612-379-2788 (phone)
612-379-3413 (fax)

Store Hours:
M-F: 8am-5pm; **Sa:** 9am-1pm; **Su:** Closed



Maximum load level capacities



This chart is based on 3" o.c. or greater grooves using a single bracket on properly installed panels.

Metal insert Slatwall

Plain groove standard Slatwall

(Note: Metal inserts must be screwed through panel into the stud-wall to gain full strength)

- The load levels shown above are based on properly installed panels over drywall and onto a stud-wall.
- We caution against:
 - overloading any single groove.
 - hang-bars and waterfalls overloaded with weight.
 - heavier weights near the edges.
 - not using panel adhesive or enough screws to secure the panel to the wall.
- If hanging strength is an issue, please contact us to discuss alternatives prior to placing your order.
- 150 pound internal bond strength board will add approximately 10% more holding power.



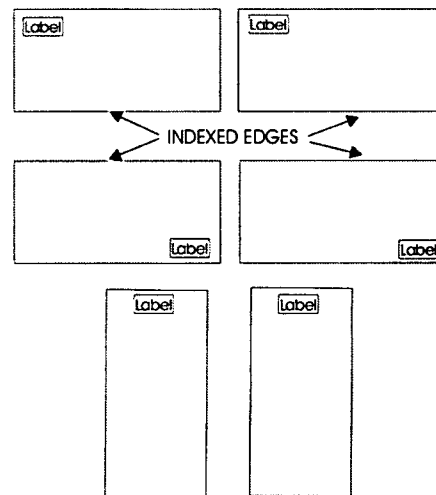
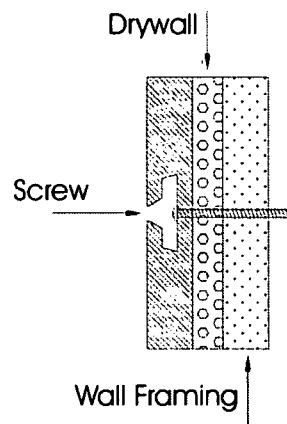
Fire rated panels are available on request

Slatwall Panel Fire Rating Chart

Type	Groove	Flame spread	Class
Paintable	Plain	116	C
Veneer	Plain	170	C
HPL	Plain	100	C
HPL	Metal	120	C
HPL	Plastic	150	C
Melamine	Plain	175	C
Melamine	Metal	170	C



Panel adhesive is recommended for permanent installations



Follow the mounting instructions on the back of the panels for best alignment.

591 000 11C 053

CITY OF EDMONDS

BUSINESS LICENSE APPLICATION- COMMERCIAL

FEE: \$125.00

CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION
121 5TH AVENUE NORTH, EDMONDS, WA 98020 PHONE: 425.775.2525

OFFICE USE ONLY

BL#	Customer#	SIC	Year	Class	SHD	Date Paid	TR#	Fee Paid	Mailed	Delete
	00223471		2013	B		11-20-13	201421-0004	125.00		

INSTRUCTIONS: Please complete the application in full and attach the required floor plan. Middle initial or name required of all parties concerned. If no middle name, please indicate by writing NMN. Sign and return application with fee. Please advise of any change in status. New license required if business changes location or ownership. Notification to City of Edmonds required if business closes.

BUSINESS NAME Gift for Life Sample Sale
 BUSINESS ADDRESS 22824 - 100th Ave W. Edmonds WA. 98020
 Street Suite No. Zip Code
 MAILING ADDRESS Park Avenue Agents 6100 - 4th Ave So. #105 Seattle WA 98108
 Street or PO Box Suite No. City, State and Zip Code
 BUSINESS PHONE NO. (206) 762 4231 WA STATE TAX ID NO. (UBI NO.) C600-274-933
 BUSINESS E-MAIL JCPARKAV@MSN.COM BUSINESS WEBSITE PARK AVENUE AGENTS.COM
 PROPERTY OWNER John & Diana Park (206) 762 4231
 Name Phone Number

EMERGENCY NOTIFICATION (For Premise Access in Emergency):

Park Diana H (206) 972 4842
 Last Name First Name MI Phone No.
Park John C (206) 779 4231
 Last Name First Name MI Phone No.

NATURE OF BUSINESS wholesale sample sale of gift type
merchandise to the public - done every
other year only during holiday season
for 3 months.

NUMBER OF EMPLOYEES 5 SQUARE FOOTAGE OF BUSINESS SPACE 5,442 sq. ft.

TYPE OF BUSINESS - PLEASE CHECK THE APPROPRIATE CATEGORY:

☒ CONSTRUCTION ☐ FINANCE ☐ INSURANCE ☐ REAL ESTATE ☐ LANDSCAPE ☐ HORTICULTURAL ☐ MANUFACTURING ☐ NON-PROFIT

☒ RETAIL ☐ SECONDHAND DEALER ☐ SERVICES ☒ WHOLESALE ☐ OTHER

AMUSEMENT DEVICES ON PREMISES? ☐ YES ☒ NO IF YES, TOTAL NUMBER

LIQUOR SOLD ON PREMISES? ☐ YES ☒ NO GAMBLING? ☐ YES ☒ NO CIGARETTES SOLD ON PREMISES? ☐ YES ☒ NO

FLAMMABLE OR HAZARDOUS MATERIALS USED OR STORED? ☐ YES ☒ NO IF YES, PLEASE PROVIDE LIST OF MATERIALS AND QUANTITIES:

PROPOSED OPENING DAY OF BUSINESS 11-9-13 to 11-21-14 BUSINESS HOURS WED-SUN 11-7pm

DAYS OPEN ☒ SUNDAY ☐ MONDAY ☐ TUESDAY ☒ WEDNESDAY ☒ THURSDAY ☒ FRIDAY ☒ SATURDAY

PARKING SPACES ON SITE: TOTAL 5 ACCESSIBLE FOR PERSONS WITH DISABILITIES NO

DOES THE BUSINESS CONTAIN AN ENTRANCE ACCESSIBLE TO PERSONS WITH DISABILITIES? ☒ YES ☐ NO

PREVIOUS BUSINESS USE AT THIS ADDRESS liquor store

Rxt

OK 120

12/3 closed May/Tues

OK 12-18

SOLE PROPRIETORSHIP

NAME Park John C
Last First MI

ADDRESS 6100-4th Ave So. Seattle WA 98108 #105
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. (206) 297 2000 DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. PARK* JC536LS

DATE OF BIRTH 6/10/47 CITY AND STATE OF BIRTH Portland, OR COUNTRY OF BIRTH USA

PARTNERSHIP - PARTNER 1

NAME _____
Last First MI

ADDRESS _____
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. () DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____

DATE OF BIRTH _____ CITY AND STATE OF BIRTH _____ COUNTRY OF BIRTH _____

PARTNERSHIP - PARTNER 2

NAME _____
Last First MI

ADDRESS _____
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. () DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____

DATE OF BIRTH _____ CITY AND STATE OF BIRTH _____ COUNTRY OF BIRTH _____

CORPORATION

NAME OF CORPORATION _____ FEDERAL TAX ID NO. _____

CORP. ADDRESS _____
Street Suite, Apt., Unit No. City, State and Zip Code PHONE NO. ()

CORPORATE OFFICERS:

Last Name	First Name	MI	Title	Date of Birth	DOL No. (Drivers License No.) or Other ID No.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LOCAL CONTACT _____
Last Name First Name MI Title Phone No. DOL No. (Drivers Lic. No.) or Other ID No.

APPLICANT DANIEL PARK [Signature] COOPER 11/2/13
Name - Printed Signature Title Date

CITY USE ONLY:

PLANNING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

ZONING CODE _____ CONDITIONAL USE PERMIT _____

COMMENTS _____

BUILDING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

OCCUPANT LOAD _____ BUILDING PERMIT _____ OCCUPANCY GROUP _____

COMMENTS _____

FIRE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

U.F.I.R. _____

COMMENTS _____

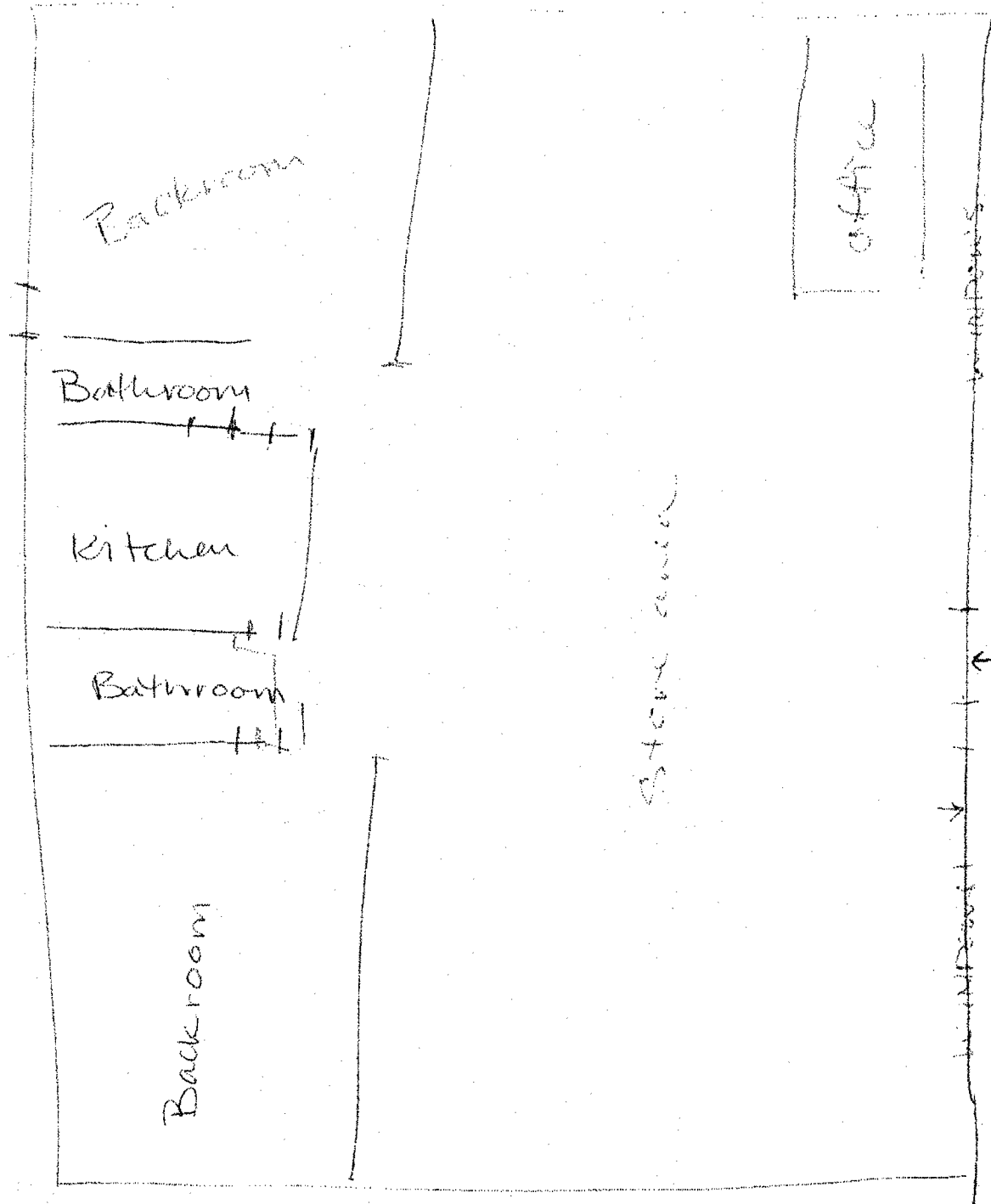
POLICE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

COMMENTS _____

E

alley

2



Stone wall

side wall

S

pkg

pkg

3



514 000 028 853
CITY OF EDMONDS
BUSINESS LICENSE APPLICATION- COMMERCIAL
FEE: \$125.00
CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION
121 5TH AVENUE NORTH, EDMONDS, WA 98020 PHONE: 425.775.2525

OFFICE USE ONLY										
BL#	Customer#	SIC	Year	Class	SHD	Date Paid	TR#	Fee Paid	Mailed	Delete
	00220041	5921	2012	B		5/30/12	23717	125		

INSTRUCTIONS: Please complete the application in full and attach the required floor plan. Middle initial or name required of all parties concerned. If no middle name, please indicate by writing NMN. Sign and return application with fee. Please advise of any change in status. New license required if business changes location or ownership. Notification to City of Edmonds required if business closes.

BUSINESS NAME WESTPOINT INVESTMENTS, LLC DBA EDMONDS LIQUOR & WINE
BUSINESS ADDRESS 22824 100 Ave WEST, EDMONDS, WA 98020
Street Suite No. Zip Code
MAILING ADDRESS SAME AS ABOVE
Street or PO Box Suite No. City, State and Zip Code
BUSINESS PHONE NO. 425.582-7434 WA STATE TAX ID NO. (UBI NO.) 603 202 358
BUSINESS E-MAIL info@edmondsliquor.com BUSINESS WEBSITE www.edmondsliquor.com
PROPERTY OWNER GURVINDER MANDER (360) 224-3741
Name Phone Number

EMERGENCY NOTIFICATION (For Premise Access in Emergency):

MANDER GURVINDER (360) 224-3741
Last Name First Name MI Phone No.
ABBOTT MICHELLE (206) 533-5090
Last Name First Name MI Phone No.

NATURE OF BUSINESS RETAIL LIQUOR STORE

NUMBER OF EMPLOYEES 4 SQUARE FOOTAGE OF BUSINESS SPACE 5520

TYPE OF BUSINESS - PLEASE CHECK THE APPROPRIATE CATEGORY:

☐ CONSTRUCTION ☐ FINANCE, INSURANCE, REAL ESTATE ☐ LANDSCAPE, HORTICULTURAL ☐ MANUFACTURING ☐ NON-PROFIT
☒ RETAIL ☐ SECONDHAND DEALER ☐ SERVICES ☐ WHOLESALE ☐ OTHER

AMUSEMENT DEVICES ON PREMISES? ☐ YES ☒ NO IF YES, TOTAL NUMBER

LIQUOR SOLD ON PREMISES? ☒ YES ☐ NO GAMBLING? ☐ YES ☒ NO CIGARETTES SOLD ON PREMISES? ☒ YES ☐ NO

FLAMMABLE OR HAZARDOUS MATERIALS USED OR STORED?: ☐ YES ☒ NO IF YES, PLEASE PROVIDE LIST OF MATERIALS AND QUANTITIES:

PROPOSED OPENING DAY OF BUSINESS JUNE 1ST, 2012 BUSINESS HOURS M-T: 10AM-9PM, F-S: 10AM-10PM

DAYS OPEN ☐ SUNDAY ☒ MONDAY ☒ TUESDAY ☒ WEDNESDAY ☒ THURSDAY ☒ FRIDAY ☒ SATURDAY

PARKING SPACES ON SITE: TOTAL 4 ACCESSIBLE FOR PERSONS WITH DISABILITIES YES

DOES THE BUSINESS CONTAIN AN ENTRANCE ACCESSIBLE TO PERSONS WITH DISABILITIES? ☒ YES ☐ NO

PREVIOUS BUSINESS USE AT THIS ADDRESS SAME RETAIL LIQUOR STORE

SOLE PROPRIETORSHIP

NAME _____
Last First MI

ADDRESS _____
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. () DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____

DATE OF BIRTH _____ CITY AND STATE OF BIRTH _____ COUNTRY OF BIRTH _____

PARTNERSHIP - PARTNER 1			
NAME _____			
Last	First	MI	
ADDRESS _____			
Street	Apt. No., Unit No.	City, State and Zip Code	
HOME PHONE NO. () _____		DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____	
DATE OF BIRTH _____	CITY AND STATE OF BIRTH _____	COUNTRY OF BIRTH _____	

NAME _____
Last First MI

ADDRESS _____
Street Apt. No., Unit No. City, State and Zip Code

HOME PHONE NO. () _____ DOL NO. (DRIVERS LICENSE NO.) OR OTHER ID NO. _____

DATE OF BIRTH _____ CITY AND STATE OF BIRTH _____ COUNTRY OF BIRTH _____

CORPORATION

NAME OF CORPORATION WESTPOINT INVESTMENTS, LLC. FEDERAL TAX ID NO. 35-2444517

CORP. ADDRESS 850 E KELLOGG ROAD, BELLINGHAM, WA 98226 PHONE NO. (360) 224-3741

Street Suite, Apt., Unit No. City, State and Zip Code

CORPORATE OFFICERS:

Last Name	First Name	MI	Title	Date of Birth	DOL No. (Drivers License No.) or Other ID No.
<u>MANDER</u>	<u>GURVINDER</u>		<u>MEMBER</u>	<u>01/01/1986</u>	<u>MANDEGS146BA</u>

LOCAL CONTACT MANDER GURVINDER MEMBER 360-224-3741 MANDEGS146BA

Last Name First Name MI Title Phone No. DOL No. (Drivers Lic. No.) or Other ID No.

APPLICANT: GURVINDER MANDER [Signature] MEMBER 05/20/2012
Name - Printed Signature Title Date

PLANNING DEPT. ☒ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

ZONING CODE _____ CONDITIONAL USE PERMIT _____

COMMENTS:

BUILDING DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

OCCUPANT LOAD _____ BUILDING PERMIT _____ OCCUPANCY GROUP _____

COMMENTS _____

FIRE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE SIGNATURE

U.F.I.R.

COMMENTS _____

POLICE DEPT. ☐ APPROVE ☐ DISAPPROVE DATE _____ SIGNATURE _____

COMMENTS

EXHIBIT A

LEGAL DESCRIPTION

WESTGATE CENTER

Premises Located at: 22804-22824 100th Avenue W, Edmonds, WA

THAT PORTION OF LOTS 5, 8 AND 10, BLOCK 3, WESTGATE PARK DIVISION NO. 1, ACCORDING TO THE PLAT THEREOF RECORDED IN VOLUME 13 OF PLATS, PAGE 31, RECORDS OF SNOHOMISH COUNTY, WASHINGTON, DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF SAID LOT 10;
THENCE SOUTH 0°20'49" EAST ALONG THE EAST LINE OF SAID LOTS 10 AND 8, RESPECTIVELY, WHICH LINE IS ALSO THE WEST MARGIN OF 9TH AVENUE SOUTH 229.96 FEET TO THE SOUTHEAST CORNER OF SAID LOT 8;
THENCE NORTH 89°46'47" WEST ALONG THE SOUTH LINE OF SAID LOT 8, A DISTANCE OF 246.28 FEET TO THE NORTHEAST CORNER OF SAID LOT 5;
THENCE SOUTH 0°18'25" EAST ALONG THE EAST LINE OF SAID LOT 5, A DISTANCE OF 99.94 FEET TO THE SOUTHEAST CORNER THEREOF;
THENCE NORTH 89°46'15" WEST ALONG THE SOUTH LINE OF SAID LOT 5, A DISTANCE OF 33.73 FEET;
THENCE NORTH 0°14'26" EAST 329.85 FEET TO THE NORTH LINE OF SAID LOT 10;
THENCE SOUTH 89°47'08" EAST ALONG SAID NORTH LINE 276.69 FEET TO THE POINT OF BEGINNING;

EXCEPT THE EAST 10 FEET OF LOTS 8 AND 10, CONVEYED TO THE CITY OF EDMONDS BY QUIT CLAIM DEED RECODED UNDER RECORDING NO. 1848370;

(ALSO KNOWN AS UNDESIGNATED PARCELS IN CITY OF EDMONDS, SHORT PLAT NO. S-52-76 RECORDED DECEMBER 14, 1976 UNDER RECORDING NO. 7612140239, RECORDS OF SNOHOMISH COUNTY, WASHINGTON);

SITUATE IN THE COUNTY OF SNOHOMISH, STATE OF WASHINGTON.

EXHIBIT B

SITE PLAN

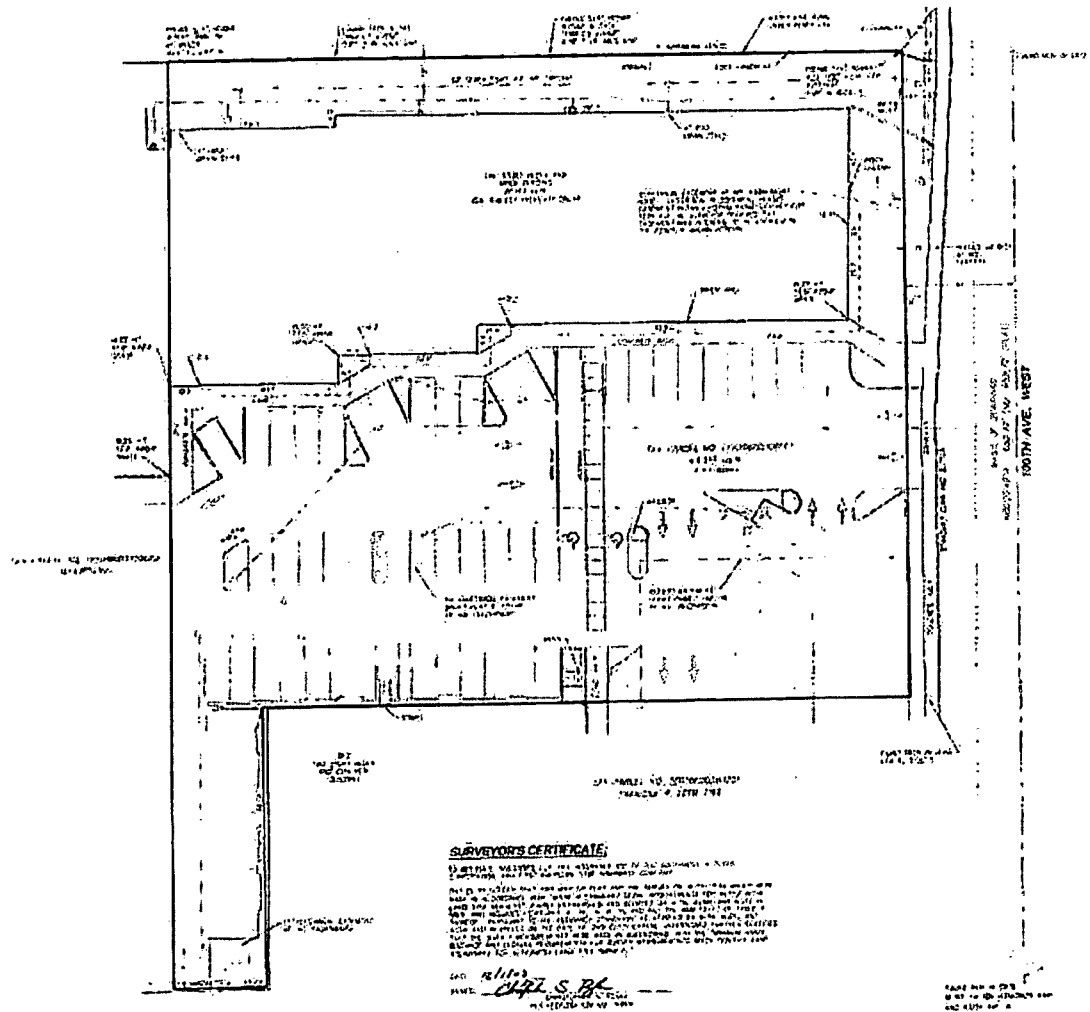
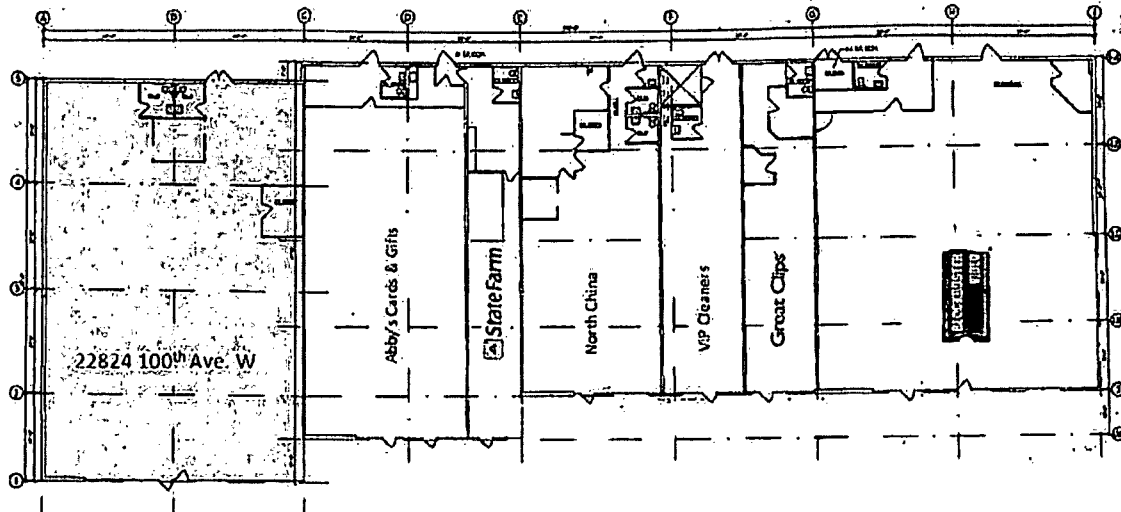


EXHIBIT C
FLOOR PLAN



WESTGATE CENTER LEASING MAP
22804-22824 100th Ave W
Edmonds, WA 98020

SNOHOMISH CO.

FIRE DISTRICT



Serving Brier, Edmonds
Mountlake Terrace, and
the Town of Woodway
www.FireDistrict1.org

12425 Meridian Ave S
Everett, WA 98208
Phone (425) 551-1200
Fax (425) 551-1272

FIRE PREVENTION INSPECTION REPORT

- ☐ EDMONDS
- ☐ BRIER
- ☐ WOODWAY
- ☐ MOUNTLAKE TERRACE
- ☐ UNINCORPORATED

LOCATION: 22824 100th Avenue

W

BUSINESS NAME: WA State Liquor Store #62

PHONE: 4257784001

MAILING ADDRESS: 22824 100th Ave W
Edmonds

98020

BUSINESS OWNER: ~~Bruders, Mary~~
Spear, Karen

HOME PHONE: 4257748463

ACTIVE

206-218-8968

HOME PHONE:

HOME PHONE:

EMERGENCY-1:
KEY ACCESS-2:

FREQUENCY 731	STATION & SHIFT 20 C
SCHEDULED DATE DUE	02/01/12
UFIR	514 2 53

CURRENT
CITY
BUSINESS
LICENSE

YES ☐ NO ☐

PERSON CONTACTED: Karen

NAME OF INSPECTOR: Tom Flett A-shift

INITIAL INSPECTION DATE

2-10-2012

FIRE
SYSTEMS:

FE 6111
ANNUAL

HAZARDS FOUND AND LOCATIONS / COMMUNICATIONS

1	No Violations Noted	1
2		2
3	Does a state store need a business licence?	3
4		4
5		5
6		6
7		7

I AGREE TO CORRECT THE ABOVE VIOLATION(S) IN THE NEXT 30 DAYS X

1st RE-INSPECTION		2nd RE-INSPECTION		EXTENSION GRANTED TO:		FINAL RE-INSPECTION		VIOLATIONS CITED:	
DATE DUE:		DATE DUE:		DATE:		DATE DUE:		1	
PERSON CONTACTED:		PERSON CONTACTED:		DATE:		PERSON CONTACTED:		2	
INSPECTOR:		INSPECTOR:		DATE:		INSPECTOR:		3	
DATE:		DATE:		PRE-CITATION LETTER SENT		CITATION ISSUED		4	
VIOLATIONS		VIOLATIONS		DATE:		NUMBER:		5	
1	5	1	5	RETURN RECEIPT RECEIVED		CODE SECTION:		6	
2	6	2	6	DATE:		DISPOSITION:		7	
3	7	3	7					8	
4	8	4	8						
LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO		LETTER NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO							

FIRE DEPARTMENT COPY