



OREGON LIQUOR CONTROL COMMISSION LIQUOR LICENSE APPLICATION

Pending

Application is being made for:

LICENSE TYPES

- Full On-Premises Sales (\$402.60/yr)
- Commercial Establishment
- Caterer
- Passenger Carrier
- Other Public Location
- Private Club
- Limited On-Premises Sales (\$202.60/yr)
- Off-Premises Sales (\$100/yr)
 - with Fuel Pumps
- Brewery Public House (\$252.60)
- Winery (\$250/yr)
- Other: _____

ACTIONS

- Change Ownership
- New Outlet
- Greater Privilege
- Additional Privilege
- Other _____

*Rec'd by Portland
Liquor Licenses*

AUG 22 2017

*PD \$100 ck
24857*

90-DAY AUTHORITY

Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority

APPLYING AS:

- Limited Partnership
- Corporation
- Limited Liability Company
- Individuals

CITY AND COUNTY USE ONLY

Date application received: _____

The City Council or County Commission:

(name of city or county)

recommends that this license be:

- Granted
- Denied

By: _____
(signature) (date)

Name: _____

Title: _____

OLCC USE ONLY

Application Rec'd by: *[Signature]*

Date: *7-25-17*

90-day authority: Yes No

1. Entity or Individuals applying for the license: [See SECTION 1 of the Guide]

① ROOT WHOLE BODY HEALTH, INC ③

② _____ ④ _____

2. Trade Name (dba): Root Whole Body

3. Business Location: 2122 NW QUIMBY PORTLAND MULTNOMAH OR 97210
(number, street, rural route) (city) (county) (state) (ZIP code)

4. Business Mailing Address: 2122 NW QUIMBY PORTLAND OR 97210
(PO box, number, street, rural route) (city) (state) (ZIP code)

5. Business Numbers: 503. 292. 7668
(phone) (fax)

6. Is the business at this location currently licensed by OLCC? Yes No

7. If yes to whom: _____ Type of License: _____

8. Former Business Name: _____

9. Will you have a manager? Yes No Name: SUSAN TRUAX, GENERAL MANAGER
(manager must fill out an Individual History form)

10. What is the local governing body where your business is located? PORTLAND MULTNOMAH
(name of city or county)

11. Contact person for this application: SUSAN TRUAX
(name) (phone number(s)) 503 292 7668
2122 NW QUIMBY PDX, OR 97210 (address) (fax number) susant@rootwholebody.com (e-mail address)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

① [Signature] Date 6/21/17 ③

② _____ Date _____ ④

RECEIVED
Date

JUN 23 2017
Date



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: Root Whole Body Health, Inc
Trade Name (dba): Root Whole Body Health, Inc
Business Location Address: 2122 NW Quimby
City: PORTLAND ZIP Code: 97210

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 9a to 6p
Monday 7a to 7p
Tuesday 7a to 7p
Wednesday 7a to 7p
Thursday 7a to 7p
Friday 7a to 7p
Saturday 9a to 6p

Outdoor Area Hours:

Sunday 9a to 6p
Monday 7a to 7p
Tuesday 7a to 7p
Wednesday 7a to 7p
Thursday 7a to 7p
Friday 7a to 7p
Saturday 9a to 6p

The outdoor area is used for:

- Food service Hours: open to close
Alcohol service Hours: to
Enclosed, how

The exterior area is adequately viewed and/or supervised by Service Permittees.

(Investigator's Initials)

Seasonal Variations: Yes No If yes, explain: Outdoor seating only in fair weather

ENTERTAINMENT

Check all that apply:

- Live Music
Recorded Music
DJ Music
Dancing
Nude Entertainers
Karaoke
Coin-operated Games
Video Lottery Machines
Social Gaming
Pool Tables
Other:

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday to
Monday to
Tuesday to
Wednesday to
Thursday to
Friday to
Saturday to

SEATING COUNT

Restaurant: 30 Outdoor: 12
Lounge: N/A Other (explain):
Banquet: 100 total Total Seating: 142

OLCC USE ONLY
Investigator Verified Seating: (Y) (N)
Investigator Initials:
Date:

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: Date: 7/19/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 12/07)



OREGON LIQUOR CONTROL COMMISSION CORPORATION QUESTIONNAIRE

293123-94

Please Print or Type

Corporation Name: ROOT WHOLE BODY HEALTH, INC. Year Incorporated: 2005 ✓

Trade Name (dba): ROOT WHOLE BODY HEALTH, INC

Business Location Address: 2122 NW QUIMBY

City: PORTLAND ZIP Code: 97210

List Corporate Officers:

<u>PAT JOHNSON</u>	<u>CEO</u>
(name)	(title)
<u>SUSAN TRUAX</u>	<u>GM</u>
_____	_____
_____	_____

List Board of Directors:

(name) _____

List Stockholders: (Note: If any stockholder is another legal entity, that entity may also need to complete another Corporation Questionnaire. See Liquor License Application Guide for more information.)

<u>Stockholders:</u>	<u>Number of Shares Held:</u>	Number of Stock Shares:
_____	_____	Issued: _____
_____	_____	Unissued: _____
_____	_____	Total Shares Authorized to Issue: _____
_____	_____	

Server Education Designee: SUSAN TRUAX DOB: 7/10/71
(See Liquor License Application Guide for more information)

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Officer's Signature: [Signature] GM Date: 7/19/17
(name) (title)

CITY OF PORTLAND LIQUOR OUTLET INFORMATION FORM

PLEASE SUBMIT TO: Liquor Licensing Notification Program, 1221 SW 4th Avenue, Suite #110, Portland OR 97204

On New Outlet applications, property owners within 300 feet of the location, the Portland Police Bureau and all interested parties are notified by mail (with a copy of this form) and given an opportunity to comment on your application. The OLCC allows the City at least 45 days to complete the recommendation process. Submission of a complete operating plan can expedite the time required to process. A City liquor endorsement is not a confirmation that the property is properly zoned. Call (503) - 823-7526 to confirm that the property is properly zoned.

On submission of this form, you must also include the following:

- OLCC Liquor Application Form, initialed by your OLCC License Investigator
- OLCC Individual History Forms (all persons anticipated to have a financial interest, or key personnel are required)
- City Endorsement Fees

City Endorsement Fees are payable at the beginning of the application process (please make checks payable to City of Portland): New outlets are \$100.00, all others are \$75.00. All blank sections must be filled in. If the question does not apply, write "N/A" in the space.

LEGAL NAME OF BUSINESS: ROOT WHOLE BODY HEALTH, INC.

DBA OR TRADE NAME: ROOT WHOLE BODY PHONE: 503 292 7668

BUSINESS ADDRESS (Including ZIP Code): 2122 NW QUIMBY PORTLAND 97210

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): NEW OUTLET

CONTACT PERSON: SUSAN TRUAX PHONE: 503 341 1991 EMAIL: susant@rootwholebody.com

DESCRIPTION OF OUTLET

- TYPE OF OPERATION (CHECK ALL THAT APPLY)
- | | |
|--|--|
| <input type="checkbox"/> Food Cart | <input type="checkbox"/> Night Club |
| <input checked="" type="checkbox"/> Restaurant | <input type="checkbox"/> Sports Bar |
| <input type="checkbox"/> Convenience Store | <input checked="" type="checkbox"/> Other: <u>Whole Body Health Center</u> |

SIZE OF SERVICE AREA: 570 sq ft Cafe; 9160 sq ft event spaces
EXISTING BUILDING: Yes No
ZONING: Ex-Central Employment
STRUCTURAL CHANGES (DESCRIBE): _____

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 12

DESCRIBE SECURITY: standard cafe servers; front desk of center manned at all times

HAS AN APPLICATION FOR A LIQUOR LICENSE AT THIS LOCATION BEEN RECEIVED BY THE CITY OF PORTLAND IN THE LAST TWO (2) YEARS?
 Yes No I Don't Know

HOURS OF OPERATION

~~MON - FRI~~ ~~SUNDAY - THURSDAY~~ OPEN: 7am CLOSE: 7pm SAT + SUN ~~FRIDAY & SATURDAY~~ OPEN: 9a CLOSE: 6p

HOW LATE WILL THERE BE OUTSIDE SEATING? 6p HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: New building

NAME & ADDRESS OF PROPERTY OWNER: N/A

ENTERTAINMENT

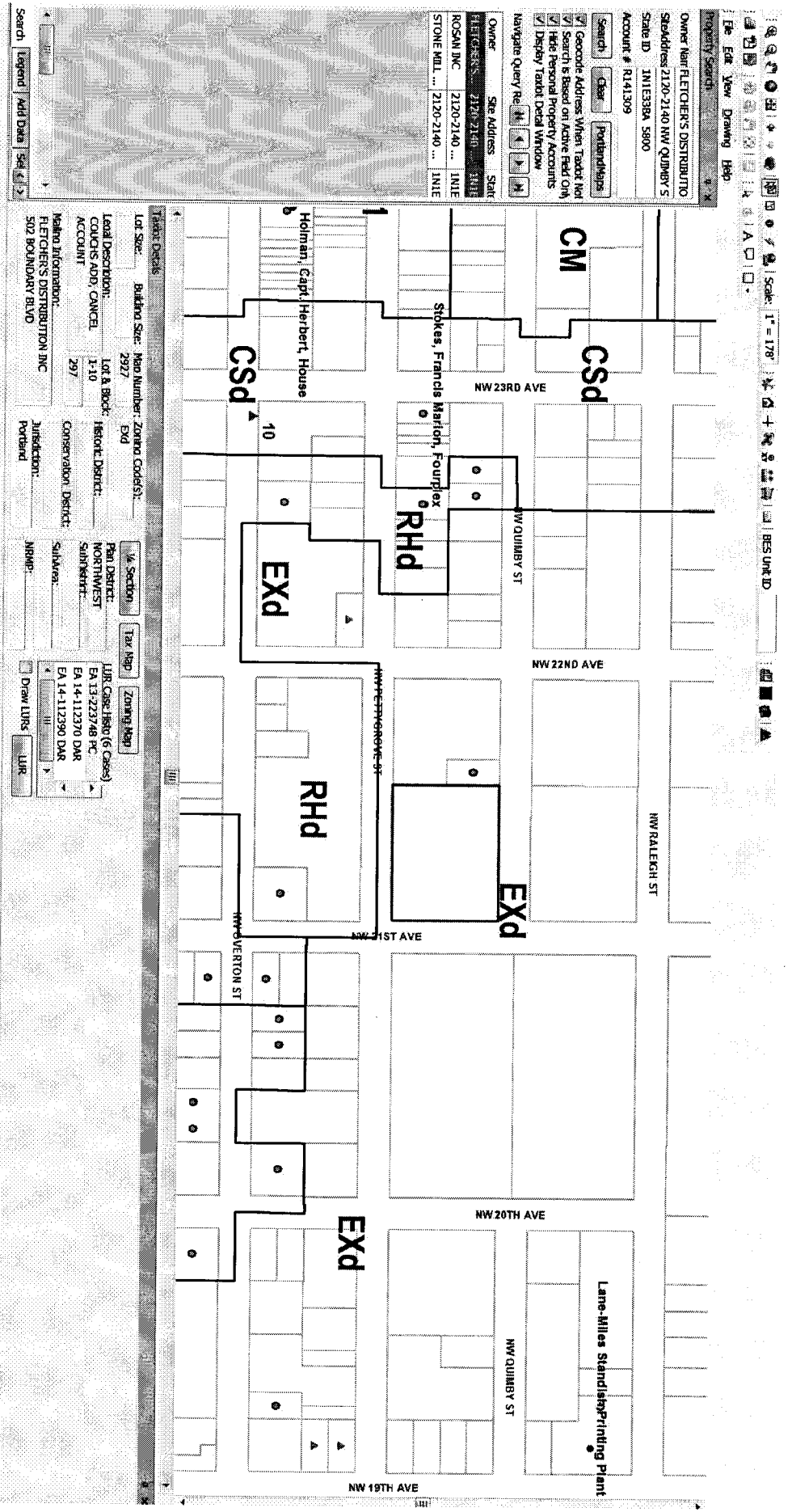
- TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Video Poker | <input type="checkbox"/> Live Music | <input type="checkbox"/> Nude Dancers |
| <input type="checkbox"/> Karaoke | <input type="checkbox"/> Video Games/Pinball | <input type="checkbox"/> Recorded Music | <input type="checkbox"/> DJ Entertainment |
| <input type="checkbox"/> Pool Tables (How Many): _____ | <input checked="" type="checkbox"/> Events (Describe): <u>Specialty Dinners</u> <input type="checkbox"/> Other: _____ | | |

The City requires an **Amusement Location Permit** for all locations with amusement devices or pool tables. **Contact the Revenue Bureau for rules and an Amusement Location Permit application form now.** Permits are non-transferable from one owner to another and must be paid before games are placed on the premises. Contact Anne Holm at 503-865-2488. The City of Portland will notify affected nearby neighbors and a copy of this form will be included in our mailing.

Use this area to provide any additional information that you wish to be considered on this liquor application


A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Susan Truax DATE: 8/16/17



Retail Sales and Service is an allowed use in the EX zone.

Breah Pike-Salas, City Planner



City of Portland, Oregon 503-823-7389

City of Portland
 Bureau of Development Services
 Land Use Service Division
 1900 SW 4th Ave, Suite 500C
 Portland, OR 97201