

pending



OREGON LIQUOR CONTROL COMMISSION

LIQUOR LICENSE APPLICATION

<p>LICENSE FEE: Do not include the license fee with the application (the license fee will be collected at a later time).</p> <p>APPLICATION: Application is being made for:</p> <p><input type="checkbox"/> Brewery</p> <p><input type="checkbox"/> Brewery-Public House</p> <p><input type="checkbox"/> Distillery</p> <p><input checked="" type="checkbox"/> Full On-Premises, Commercial</p> <p><input type="checkbox"/> Full On-Premises, Caterer</p> <p><input type="checkbox"/> Full On-Premises, Passenger Carrier</p> <p><input type="checkbox"/> Full On-Premises, Other Public Location</p> <p><input type="checkbox"/> Full On-Premises, Nonprofit Private Club</p> <p><input type="checkbox"/> Full On-Premises, For-Profit Private Club</p> <p><input type="checkbox"/> Grower Sales Privilege</p> <p><input type="checkbox"/> Limited On-Premises</p> <p><input checked="" type="checkbox"/> Off-Premises</p> <p><input type="checkbox"/> Off-Premises with Fuel Pumps</p> <p><input type="checkbox"/> Warehouse</p> <p><input type="checkbox"/> Wholesale Malt Beverage & Wine (WMBW)</p> <p><input type="checkbox"/> Winery</p>	<p align="center">CITY AND COUNTY USE ONLY</p> <p>Date application received _____</p> <p>Name of City or County _____</p> <p>Recommends this license be ___ Granted ___ Denied</p> <p>By _____</p> <p>Date _____</p> <hr/> <p align="center">OLCC USE</p> <p>Application received by <u>[Signature]</u></p> <p>Date <u>11-21-17</u></p> <p>License Action: <u>n/o</u></p>
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<p>1. LEGAL ENTITY (example: corporation or LLC) or INDIVIDUAL(S) applying for the license: <u>Portland</u></p>			
Applicant #1	Applicant #2	Liquor Licenses	
<u>ROOT WHOLE BODY HEALTH, INC</u>		<u>DEC 22 2017</u>	
Applicant #3	Applicant #4	<u>PD \$100 CK</u>	
		<u># 22077</u>	
<p>2. Trade Name of the Business (the name customers will see): <u>ROOT CAFE</u></p>			
<p>3. Business Location: Number and Street <u>2526 NE 15th AVENUE Suites 102+103</u></p>			
City <u>PORTLAND</u>	County <u>MULTNOMAH</u>	ZIP <u>97212</u>	
<p>4. Is the business at this location currently licensed by the OLCC? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>5. Mailing Address (where the OLCC will send your mail):</p>			
<p>PO Box, Number, Street, Rural Route <u>2526 NE 15th AVENUE</u></p>			
City <u>PORTLAND</u>	State <u>OR</u>	ZIP <u>97212</u>	
<p>6. Phone Number of the Business Location: <u>503.288.7660</u></p>			
<p>7. Contact Person for this Application:</p>			
Name <u>SUSAN TRUAX</u>		Phone Number <u>503.341.1991</u>	
Mailing Address, City, State, ZIP			
<u>2526 NE 15th AVE. PORTLAND, OR 97212</u>			
Email <u>susan.truax@rootwholebody.com</u>			
<p>I understand that marijuana (such as use, consumption, ingestion, inhalation, samples, give-away, sale, etc.) is prohibited on the licensed premises.</p>			
Signature of Applicant #1		Signature of Applicant #2	
<u>[Signature]</u>			
Signature of Applicant #3		Signature of Applicant #4	

RECEIVED

OLCC Liquor License Application (Rev. 06/2017)

NOV 14 2017

Initials: [Signature]
Oregon Liquor Control Commission



OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION

Please Print or Type

Applicant Name: SUSAN TRUAX Phone: 503 341 1991

Trade Name (dba): ROOT WHOLE BODY

Business Location Address: 2526 NE 15TH AVE / 2518 NE 15TH AVE

City: PORTLAND ZIP Code: 97212

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: open to close
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: 20
Lounge: N/A Other (explain):
Banquet: Total Seating: 50

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: Susan Truax Date: 11/11/17



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 Cafe

Business Location Address: 2526 NE 15TH AVE SUITE 102+103

City: PORTLAND ZIP Code: 97212

List Corporate Officers:

PATRICIA JOHNSON
(name)

PRES/CEO
(title)

List Board of Directors:

PATRICIA JOHNSON
(name)
JOE WYEDS

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.)

Stockholders:	Number of Shares Held:	Number of Stock Shares:
<u>PATRICIA JOHNSON</u>	<u>1,400,000</u>	Issued: <u>2,307,841</u>
<u>DAVE + KELLY VAN HORN</u>	<u>300,000</u>	Unissued: <u>7,612,159</u>
		Total Shares Authorized to Issue: <u>10,000,000</u>

Server Education Designee: JUSAN TRUAX DOB: 07/16/71
(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] (name) (title) Date: 11/13/17

1-800-452-OLCC (6522)

www.oregon.gov/olcc

(rev. 08/11)

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

DBA OR TRADE NAME: Root Cafe PHONE: 503 200 7668 FAX: N/A

BUSINESS ADDRESS (Including ZIP Code): 2526 NE 15TH AVENUE PORTLAND 97212

WHAT TYPE OF LIQUOR ARE YOU APPLYING FOR? (Change of owner, new outlet, beer & wine, etc.): New outlet; Full On-Premises + Off Premises

CONTACT PERSON: JUSAN TRUAX PHONE: 503 341 1991 EMAIL: susan.truax@rootwholebody.com

DESCRIPTION OF OUTLET

TYPE OF OPERATION (CHECK ALL THAT APPLY)

- Food Cart Night Club
 Restaurant Sports Bar
 Convenience Store Other: _____

SIZE OF SERVICE AREA: 1254 sq ft

EXISTING BUILDING: Yes No

ZONING: R5 Zone

STRUCTURAL CHANGES (DESCRIBE): Creating an entrance from existing space to new expansion

RESTAURANT SEATING CAPACITY: 30 LOUNGE SEATING CAPACITY: N/A OUTSIDE SEATING CAPACITY: 20

DESCRIBE SECURITY: All guests under 30 will have I.D. checked

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

SUNDAY - THURSDAY OPEN: 7am CLOSE: 7pm FRIDAY & SATURDAY OPEN: 9am CLOSE: 6pm

HOW LATE WILL THERE BE OUTSIDE SEATING? 7pm (latest) HOW LATE WILL THERE BE ENTERTAINMENT? N/A

HISTORY OF LOCATION

PREVIOUS BUSINESS NAME OF THIS LOCATION: Foster + Dobbs

NAME & ADDRESS OF PROPERTY OWNER: Steve Robinson 1111 NE Flanders, Suite 206

ENTERTAINMENT

TYPE OF ENTERTAINMENT (CHECK ALL THAT APPLY)

- Dancing Video Poker Live Music Nude Dancers
 Karaoke Video Games/Pinball Recorded Music DJ Entertainment
 Pool Tables (How Many): _____ Events (Describe): _____ 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

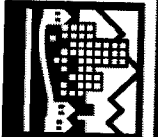
A false answer or omission of any requested information may result in an unfavorable City recommendation.

SIGNATURE: Jusan Truax DATE: 11/29/17



City of Portland, Oregon - Bureau of Development Services

1900 SW Fourth Avenue · Portland, Oregon 97201 | 503-823-7300 | www.portlandoregon.gov/bds



ZONING VERIFICATION

Address: 2518 NE 15TH AVE

R#: R188512

State ID: 1N1E26DB 1400

Zone: R5A

Proposed Use: RETAIL SALES AND SERVICE

RETAIL SALES AND SERVICE is an ALLOWED use in the R5A zone

Additional Comments:

Retail Sales and Service Uses are allowed in the existing tenant spaces per LUR 04-024330 HDZM and 33.258.050.A, Non-Conforming Uses.

Hours of operation may not extend into the period of 11pm to 6am

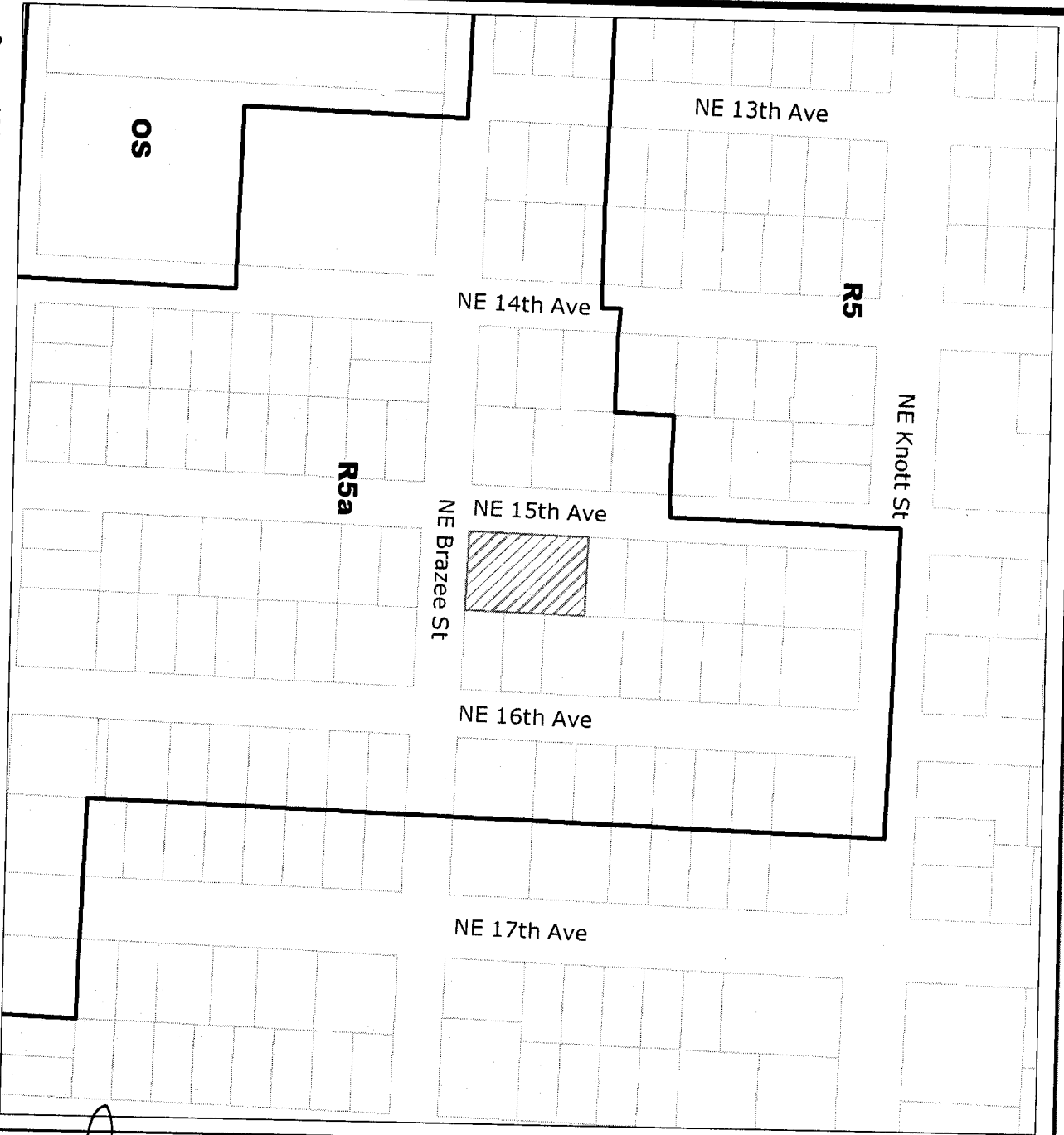
Timothy Novak
Name of City Official

City Planner
Title

503-823-5395
Contact Number

Signature of Official

12 / 18 / 2017
Date



1 inch = 200 feet

