

	DESCRIPTION	ROLL NO	ODOMETER
PARCEL NO. RS-4-7	LEW'S MAN'S SHOP 113 N. RUSSELL OWNER: LEW GRESS		
PARCEL NO. RS-3-9	LEE TRAILER COMPANY 2716 N. VANCOUVER OWNER: HOWARD R. LEE		
PARCEL NO. A-3-19	GEORGE LEE ROOMING HOUSE 3213 N. VANCOUVER		
PARCEL NO. E-4-9	LYNN KIRBY FORD BODY SHOP 315 N. RUSSELL		
PARCEL NO. RS-2-1	MANNING BROS. GARAGE 2847 N. WILLIAMS OWNER: MARTIN MANNING	C.R. INGLE SERVICE STATION	
PARCEL NO. E-4-7	McGUIRE APARTMENTS 423 N. RUSSELL (4 PLEX) OWNER: FRANK McGUIRE		
PARCEL NO. RS-5-1	OREGON RUG & MATTRESS CO. 2651 N. VANCOUVER OWNER: RICHARD WALKER		
PARCEL NO. RS-4-8	JAMES PARKS DBA PAUL'S RESTAURANT 23 N. RUSSELL		
PARCEL NO. RS-4-8	PAUL'S COCKTAILS 19 N. RUSSELL OWNER: PAUL KNAULS		
PARCEL NO. RS-4-3	PHILBIN MFG. COMPANY 27 N. RUSSELL OWNER: GEORGE NEISZ		
PARCEL NO. R-15-3	ROBBIN'S INN (TAVERN) 3000 N. COMMERCIAL OWNER: HENRY LEHL	CR. HENRY LEHL	
PARCEL NO. A-2-4	SPRATLEN APARTMENTS 3100-3106 N. GANTENBEIN		
PARCEL NO. RS-2-3	ST. MARTIN'S DAY NURSERY 2805 N. WILLIAMS OPERATED BY: SOC. OF ST. VINCENT		
PARCEL NO. RS-4-9	THOMAS APARTMENTS 7 N. RUSSELL OWNER: CHARLES THOMAS		
PARCEL NO. 8-9 & 10	TONY FORBES DBA BEGAN EQUIPMENT CO. (ARCO DEALER) 945 N. E. DEKUM		
PARCEL NO. RS-4-9	THOMAS SHINE PARLOR & BICYCLE SHOP 11 N. RUSSELL OWNER: CHARLES THOMAS		
PARCEL NO. RS-3-9	WALLACE BUILDING WRECKERS 2712 N. WILLIAMS OWNER: D.E. WALLACE		
PARCEL NO. RS-4-4	WALTON APARTMENTS 102 N. KNOTT OWNER: WILLIE WALTON		

Parcel RS-4-8

Date _____

Name Paul's Cocktails Operation night club Tel 282-9677

Address 19 N. Russell Opr/Mgr _____ R/Tel _____

Owner Paul Knauls (wife Emma) Address 1928 NE Bryant 97211 Tel 225-3434

Attorney _____ Address _____ Tel _____

Other also runs Geneva's 4228 N WILLIAMS Tel _____

Moved into project _____ Moved to above address _____

Lease _____ Sub-lease _____ Owns Equip. _____ Rental _____ Exp _____

Gas by _____ Elec by _____ Garbage by _____

Water _____ Heat by _____

No. Dwlg. Units _____ Aver. Ten. _____ Rent Range _____

Future Plans _____

Space Requirements _____ Zone _____

CALL AT GENEVA'S 282-6363

4228 N WILLIAMS

Date	Notes	by
2-5-68	Received copy of letter to HUD from Emanuel area business men, including Mr. Knauls re: meeting to explain relocation	
2-29-68	Received copy of HUD letter to area residents re: meeting	
3-19-68	PDC, SBA, SBA, Model Cities, etc. met with area businesses to explain relocation.	
4/8/71	Visited Mr. Knauls along with Ben Webb at his second restaurant Geneva's. Explained status of project and went over both new and old relocation benefits. He probably wants to relocate. He's familiar with SBA & SCORE. Has good attitude about looking at making situation as an opportunity. Best time to visit Mr. Knauls is between 2pm & 4pm at Geneva's	WSSJ
4/22/71	Mr. Knauls has talked to SBA which requested letter from PDC. Indicated we could supply letter as soon as Project begins - possible 30 days	

He thinks he has decided to move Paul's to floor over Geneva's. Would probably like to move right away, and so is going to contact architects as soon as possible.

COB

6/17/71

Paul Knauhs came to office to check determine next steps he should take. He says he closed the restaurant & bar on June 15, 1971 but Pool Room is still open mainly in deference to an employee he has in the Pool Room. He will decide what he wants to do about a loss of property claim & contact me in a few days. Agreed to use Northwest Hotel Supply for an appraiser - Bill Hill (phone 224-3420)

COB

11-11-71

PAUL KNAULS came in. He asked him to get appraisal on his equipment. And advertise for sale. He does not intend relocate.

COB

11-24-71

Talked with Paul K. re pool tables. He will release them to control seller, ATTY for seller NY SAMUELS 226-2966

COB

5-19-72

PAUL CAME IN WR AGAIN STRESSED THE NEED OF PROOF OF TWO BUSINESSES.

COB

PAULS COCKTAILS VACATED 2-28-72

PAUL'S POOL ROOM VACATED 2-15-72

11-22-72

Asked Paul to supply me with proof he would lose clientele by relocating the Pool Room.

COB

1-3-73

Called Paul, he is getting information together.

COB

February 5, 1974

Mr. Paul Knauls
1928 N. E. Bryant
Portland, Oregon 97211

Dear Mr. Knauls:

We regret to inform you that the bill from Northwest Hotel Supply in the amount of \$459.90 you delivered to our office on February 1, 1974 cannot be considered for reimbursement under the Uniform Relocation Act of 1970 (P.L. 91-646). The regulations impose a time limit for filing of claims as stated by the following:

"Any claim for a payment (other than a claim for a replacement housing payment for homeowners under Article 42.90) shall be submitted to the State agency within a period of 6 months after displacement of the claimant..." Federal Register 36FR-8785-98 May 13, 1971, Part 42.60b.

Our records show that you vacated the premises in the project located at 17 - 31 N. Russell between February 15, 1972 and February 28, 1972 and that you verified this vacation by signing a release of personal property for this location on April 4, 1972. Obviously considerably more than 6 months time has passed since these dates and the date we were first presented with the bill from Northwest Hotel Supply on February 1, 1974.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WSJ:b

Capital Credit & Collection Service, Inc.

P.O. Box 25253 • PORTLAND, OREGON 97225 • Tel. (503) 297-2189

Paul Knauls
1928 N.E. Byant
Portland, Oregon

*For Appraisal done
in Jan. 1972
Copy of appraisal
never received by PDC.
PDC did not order
appraisal.*

ASSIGNMENT DATE 1-29-74 / SECOND _____
CREDITOR North West Hotel Supply Co.
AMOUNT \$459.90

**M
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YOU HAVE NOT RESPONDED TO OUR PREVIOUS NOTICE. IF YOU DO NOT PAY IN FULL OR CONTACT THIS OFFICE IMMEDIATELY, WE WILL REQUEST THAT LEGAL PROCEEDINGS BE BROUGHT AGAINST YOU.

SEND PAYMENT IN FULL TO ABOVE ADDRESS. RETURN THIS NOTICE TO ENSURE PROPER CREDITING TO YOUR ACCOUNT.

RUSH — COMMUNICATION — URGENT

STATEMENT

Northwest Hotel Supply Co.

China • Silver • Glassware • Kitchen Utensils and Equipment for Hotels, Restaurants, Hospitals, Schools, Etc.

TELEPHONE 224-3420

403 N.W. 9TH AVENUE

PORTLAND, OREGON 97209

Portland Development Commission
1700 S.W. 4th Avenue
Portland, Oregon

Jones
RECEIVED

FEB 5 1974

PORTLAND DEVELOPMENT COMMISSION

DETACH HERE AND RETURN THIS STUB WITH PAYMENT

AMOUNT \$ _____

INTEREST CHARGED ON PAST DUE ACCOUNTS.

DATE	REFERENCE NO.	CHARGES	CREDITS	BALANCE
------	---------------	---------	---------	---------

BALANCE FORWARD

RE: Paul Knauls
Paul's Sole Food
19 North Russell
Portland, Oregon

1 FEB 3 8	4 DR	375.00	375.00*	
-----------	------	--------	---------	--

Thank
TERMS NET 10th PROX 1½% PER MONTH
EQUIVALENT TO 18% PER ANNUM -
CHARGED ON PAST DUE ACCOUNTS.

LAST BALANCE SHOWN IS TOTAL AMOUNT DUE AND PAYABLE ON OR BEFORE 10TH OF MONTH.
ABOVE AMOUNT IS NET. POSITIVELY NO DISCOUNT ALLOWED.

Northwest Hotel Supply Co.

TELEPHONE 224-3420

PORTLAND, OREGON 97209



NORTHWEST HOTEL SUPPLY CO.

TELEPHONE (503) 224-3420

403 N. W. 9th AVENUE

PORTLAND, OREGON 97209

INVOICE NUMBER

China • Silver • Glassware • Kitchen Utensils and Equipment for Hotels, Restaurants, Hospitals, Schools, Etc.

12838

SALESMAN Mr. Hill	CUST. ORDER NO.	DATE OF ORDER 1/25/72	DATE TO SHIP	DATE SHIPPED	EXTEND	BY	FILLED BY	DATE BILLED	INVOICE DATE 2/4/73
B. O. FROM	SHIP VIA	F. O. B.	PREPAY <input type="checkbox"/>	COLLECT <input type="checkbox"/>	MAIL <input type="checkbox"/>	PHONE <input type="checkbox"/>	SOL <input type="checkbox"/>	HOUSE <input type="checkbox"/>	POSTED
								SALES CREDIT	CREDIT O.K.
								PRICES O.K.	

SOLD TO	NAME	Portland Development Commission	SHIP TO	Paul's Sole Food
	ADDRESS	1700 S.W. 4th Avenue		19 North Russell
	CITY & STATE	Portland, Oregon		Portland, Oregon

TERMS: REGULAR	SPECIAL INSTRUCTIONS
--------------------------	----------------------

SELECT	BACK ORDER	QUANTITY	DESCRIPTION	PRICE	UNIT	AMOUNT
		1	Appraisal services at Paul's Restaurant on Russell Street, Portland, Oregon			375.00
TERMS: NET 10th PROX 1 1/2% PER MONTH						SUB TOTAL
EQUIVALENT TO 18% PER ANNUM						TAX
CHARGED ON PAST DUE ACCOUNTS.						FRT
						TOTAL

CUSTOM DESIGNING

IMPORTANT → POSITIVELY NO ALLOWANCE FOR BREAKAGE - MAKE ALL CLAIMS WITH DELIVERING CARRIER.
 WE DO NOT INSURE DELIVERY OF MERCHANDISE. AFTER RECEIPT IS SIGNED BY TRANSPORTATION COMPANY, MERCHANDISE IS AT YOUR RISK.
 NO MERCHANDISE CAN BE RETURNED WITHOUT OUR CONSENT OR AFTER FIVE DAYS.

CUSTOMERS INVOICE

March 26, 1973

Mr. Paul Knauls
4228 N. Williams Avenue
Portland, Oregon 97217

Dear Mr. Knauls:

Thank you for your letter of 3-11-73 regarding your reasons for not relocating Paul's Pool Hall; however, it does not quite give us the information we need to determine your ability to qualify for an in-lieu payment. The regulations require us to determine that you would have lost clientele had you relocated the business.

At your earliest convenience, please supply us with a statement and/or any documentation possible which would convince a Federal Auditor you would lose clientele by relocating.

Please call if I can be of any assistance to you.

Very truly yours,

E. R. Wiley
Property Manager and
Business Relocation Advisor

ERM:k

3-11-73

Subject: Reason for not relocating Paul's Pool Hall;

All though playing Pool is a fast growing past time the number of Pools Hall are at the mininum. most bar a taverns have Pool tables. I feel the reason for this is that you get away from the rough element that go to Pool Hall namely the under twenty one age group. This group is very hard to control this is my principle for not relocating Pauls Pool Hall.

Paul Knauls
Owner Paul Pool Hall

February 26, 1973

Mr. Paul Knauls
4228 N. Williams Avenue
Portland, Oregon 97217

Dear Mr. Knauls:

You vacated the property at 19 and 23 N. Russell in February 1972. On July 14, 1972, you filed a claim for relocation benefits, at which time we asked for additional information. We have not received the required information without which we cannot proceed.

If we do not receive this information by March 15, 1973, we will close our file and will not be able to give your claim further consideration.

Thank you for your attention to this matter.

Very truly yours,

W. Stanley Jones
Relocation Supervisor

WJ/ERV:k

November 17, 1972

Oregon Liquor Control Commission
9201 S. E. McLoughlin Blvd.
Portland, Oregon 97202

Attention: Don Church

Gentlemen:

This is to certify that Paul's Cocktail Lounge at 19 N. Russell Street was displaced by the Emanuel Hospital Project. This is an Urban Renewal Project, funded partially with Federal funds. Mr. Kraus vacated the address on Russell Street on February 28, 1972.

Because Mr. Kraus had another similar business outside the project area, he qualifies for reasonable moving costs to move his personal property, and up to \$500 for cost of seeking a new location.

We are sending this information to you at Mr. Kraus' request.

Very truly yours,

E. R. Wiley
Property Manager and
Business Relocation Advisor

ERW:ch

November 8, 1972

Mr. Paul Knauls
1928 N. E. Bryant
Portland, Oregon 97211

Dear Mr. Knauls:

We have been waiting since July for you to supply us with net income information for the pool room you operated on N. Russell and the relationship (percentage) of that income to your total income.

We must have this information within 30 days from this date or we will close your file and will not consider any relocation claims after that date.

Please protect your interest by responding promptly.

Very truly yours,

E. R. Wiley
Property Manager

PAUL

DATED this 4TH day of APRIL 19 72.

The undersigned does hereby consent and agree that all personal property left by me in the premises at 17, 23, 27, AND 31 N. RUSSELL, Portland, Oregon may be considered and treated by the PORTLAND DEVELOPMENT COMMISSION as abandoned property and disposed of without incurring any obligation or liability to account to me therefore.

Paul
(firm name)

by Paul

January 19, 1972

Mr. Paul Knauls
4228 N. Williams
Portland, Oregon 97211

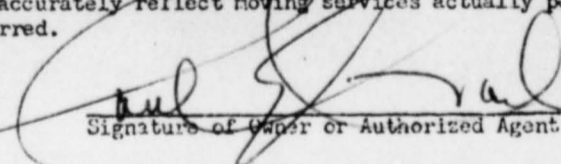
Dear Mr. Knauls:

We are enclosing a copy of a letter sent to you on August 18, 1971, relative to your occupancy of property at 17 to 23 N. Russell. Due to problems concerning the relocation of the business, the time for vacating the building has been extended to January 31, 1972. All personal property must be removed from the building as of that date, because we wish to demolish this structure.

By regulation we are required to make relocation payments as soon as possible after displacement. Therefore, as soon as we get the information from you and the approval of the Department of Housing and Urban Development, we will make the relocation payments as determined at that time.

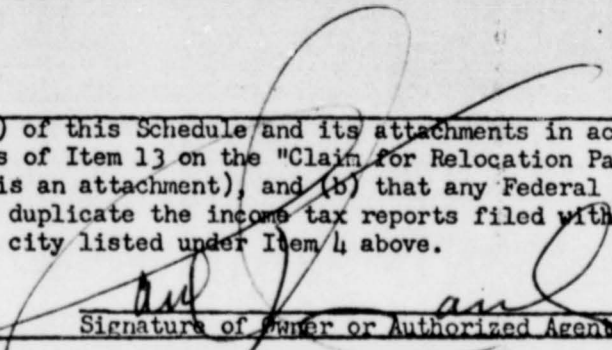
Very truly yours,

W. Stanley Jones
Project Manager

CLAIM FOR RELOCATION PAYMENT (BUSINESS)		PROJECT NAME (if applicable) Emanuel Hospital Project	
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission		PROJECT NUMBER ORE. R-20	
INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 12; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 11. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations. NOTE: If claim exceeds \$10,000, the local agency must obtain HUD concurrence prior to making payment.			
1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS Paul's Cocktails		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) Paul Knauls and Geneva Knauls 1928 N. E. Bryant, Portland, Oregon	
2. LEGAL NAME OF BUSINESS Paul's Cocktails		4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED RS-4-8	
5. ADDRESS(ES) IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM		6. ADDRESS PRESENTLY OCCUPIED BY CONCERN:	
Address(es)		a. Date move to this address started:	
19 N. Russell St.		b. Date move to this address completed:	
Dates Occupied		7. DID CONCERN DISCONTINUE BUSINESS? <input checked="" type="checkbox"/> Yes // No	
From To		If "Yes," state reason for discontinuing business:	
12-64 2-28-72		Does concern plan to reestablish? // Yes <input checked="" type="checkbox"/> No	
8. FORM OF OPERATION (check one)		9. BUSINESS CONCERN (check one)	
<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Farm Owner <input type="checkbox"/> Farm Operator		FARM OPERATION NONPROFIT ORGAN. <input type="checkbox"/> Field Crops <input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Fruit/Vegetable <input type="checkbox"/> Fraternal <input type="checkbox"/> Livestock/Animal <input type="checkbox"/> Civic/Social <input type="checkbox"/> Horticulture <input type="checkbox"/> Religious <input type="checkbox"/> Other <input type="checkbox"/> Professional <input type="checkbox"/> Other <input type="checkbox"/> Other	
10. TYPE OF CLAIM		11. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES	
This claim for reimbursement is:		a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A)	
<input checked="" type="checkbox"/> Initial		<input type="checkbox"/> Include storage costs	
<input type="checkbox"/> Supplementary		b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
<input type="checkbox"/> Final		c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
		Total Amount Claimed \$	
12. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, and claim payment in the amount of \$_____.			
Signature of Owner or Agent			
13. PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both." I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and, to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.			
Date 7-14-72		Signature of Owner or Authorized Agent 	
		Title	

APPENDIX 22. GUIDEFORM CLAIM FOR RELOCATION PAYMENT (BUSINESS)

SCHEDULE D

SCHEDULE D STATEMENT OF CLAIM FOR PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES		NAME OF CONCERN Paul's Pool Room
INSTRUCTIONS: Complete this Schedule if a payment in lieu of moving and related expenses is claimed. A claim for a payment in lieu of moving and related expenses shall be supported by such reasonable evidence of earnings as may be approved by HUD. If no other evidence is available, the claim shall be supported by copies of Federal income tax returns. Generally, earnings for the 2 taxable years immediately preceding displacement will be the basis for determining the amount of this payment. Attach additional sheets as necessary.		
1a. Business name used on income tax return Paul's and Geneva's	2. Principal business activity(ies) reported on income tax return	
1b. Business name as presented to public Paul's Pool Room		
3. Employer identification number shown on income tax return	4. Tax return filed with District Director of Internal Revenue in <u>Ogden</u> , <u>Utah</u> (City) (State)	
5a. Does concern operate a similar establishment outside the project or program area? () Yes <input checked="" type="checkbox"/> No If "Yes," complete the following:		
NAME OF OTHER ESTABLISHMENT(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5b. Is concern affiliated with any other concern? () Yes <input checked="" type="checkbox"/> No If "Yes," complete the following:		
NAME OF AFFILIATED CONCERN(S)	ADDRESS	TYPE OF BUSINESS ACTIVITY
5c. Describe the nature of the affiliation:		
6. Will displacement cause substantial loss of existing patronage? () Yes () No If "Yes," explain completely:		
7. Signature constitutes certification (a) of this Schedule and its attachments in accordance with and subject to the provisions of Item 13 on the "Claim for Relocation Payment (Business)" (to which this Schedule D is an attachment), and (b) that any Federal income tax reports attached hereto accurately duplicate the income tax reports filed with the Internal Revenue Service office in the city listed under Item 4 above. Date <u>7-14-92</u>  Signature of Owner or Authorized Agent		
[form continued next page]		

CLAIM FOR RELOCATION PAYMENT (BUSINESS)		PROJECT NAME (if applicable) Emanuel Hospital Project	
NAME, ADDRESS, AND ZIP CODE OF LOCAL AGENCY Portland Development Commission 1700 S.W. 4th Ave., Portland, Ore.		PROJECT NUMBER ORE. R-20	
INSTRUCTIONS: Complete all items on this page except: If claim is for moving and related expenses as documented on Schedules A, B, and/or C, omit Block 12; if claim is for a payment in lieu of moving and related expenses as documented on Schedule D, omit Block 11. As used on this form the term "concern" includes business concerns, nonprofit organizations, and farm operations. NOTE: If claim exceeds \$10,000, the local agency must obtain HUD concurrence prior to making payment.			
1. NAME UNDER WHICH BUSINESS CONCERN CONDUCTS BUSINESS Paul's Pool Room		3. NAME AND ADDRESS OF PERSON FILING THIS CLAIM ON BEHALF OF CONCERN (Include ZIP Code) Paul Knauls & Geneva Knauls 1928 N. E. Bryant, Portland, Oregon	
2. LEGAL NAME OF BUSINESS Paul's Pool Room		4. REAL ESTATE PARCEL NUMBER ON WHICH BUSINESS WAS LOCATED RS-4-8	
5. ADDRESS(ES) IN PROJECT OR PROGRAM AREA OCCUPIED BY CONCERN PRIOR TO SUBMISSION OF THIS CLAIM		6. ADDRESS PRESENTLY OCCUPIED BY CONCERN:	
Address(es)		Dates Occupied	
		From To	
17 N. Russell		8-67 2-15-72	
		7. DID CONCERN DISCONTINUE BUSINESS? <input checked="" type="checkbox"/> Yes // No If "Yes," state reason for discontinuing business: Does concern plan to reestablish? // Yes <input checked="" type="checkbox"/> No	
8. FORM OF OPERATION (check one)		9. BUSINESS CONCERN (check one)	
<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Farm Owner <input type="checkbox"/> Farm Operator		FARM OPERATION NONPROFIT ORGAN. <input type="checkbox"/> Field Crops // <input type="checkbox"/> Bus. Assn. <input type="checkbox"/> Fruit/Vegetable // <input type="checkbox"/> Fraternal <input type="checkbox"/> Livestock/Animal // <input type="checkbox"/> Civic/Social <input type="checkbox"/> Horticulture // <input type="checkbox"/> Religious <input type="checkbox"/> Other _____ // <input type="checkbox"/> Professional <input type="checkbox"/> Other _____ // <input type="checkbox"/> Other _____	
10. TYPE OF CLAIM		11. AMOUNT OF BUSINESS RELOCATION CLAIM FOR MOVING AND RELATED EXPENSES	
This claim for reimbursement is:		a. Reimbursement for actual reasonable moving expenses (Attach completed Schedule A) <input type="checkbox"/> Include storage costs	
<input checked="" type="checkbox"/> Initial		Nil	
<input type="checkbox"/> Supplementary		b. Reimbursement for actual direct loss of tangible personal property (Attach completed Schedule B)	
<input type="checkbox"/> Final		Nil	
		c. Reimbursement for actual reasonable searching expenses (Attach completed Schedule C)	
		Total Amount Claimed \$	
12. PAYMENT IN LIEU OF MOVING AND RELATED EXPENSES. I certify that this business is not part of a commercial enterprise having another establishment not being acquired which is engaged in the same or similar business, and claim payment in the amount of \$ <u>5,133.90</u> .			

Signature of Owner or Agent

13. PENALTY FOR FALSE OR FRAUDULENT STATEMENT. U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined \$10,000 or imprisoned not more than five years, or both."

I CERTIFY under the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, that this claim and the Schedules and information submitted herewith and made a part hereof have been examined and approved by me and are true, correct, and complete, and that I understand that, apart from the penalties and provisions of U.S.C. Title 18, Sec. 1001, and any other applicable law, falsification of any item in this claim or submitted herewith may result in forfeiture of the entire claim. I further certify that I (and, to the best of my knowledge, the concern indicated in Block 1) have not submitted any other claim for, or received, reimbursement or compensation for any item of loss or expense in this claim, that I (and, to the best of my knowledge, the concern indicated in Block 1) will not accept reimbursement or compensation from any other source for any item of loss or expense paid pursuant to this claim, and that any bills or receipts submitted herewith accurately reflect moving services actually performed and/or storage costs actually incurred.

7-14-72 Date

[Signature] Signature of Owner or Authorized Agent

_____ Title

8. Complete one of the three following tables, as appropriate (see first page of claim form, Item 4). If data do not cover a full year, indicate number of months covered.

INDIVIDUAL OR SOLE PROPRIETOR (Relates to IRS Form 1040 and Schedules B and C of Form 1040)			PARTNERSHIP (Relates to IRS Form 1065)			
	189	1970		19__	19__	
1. Gross receipts or gross sales, less returns or allowances	\$	\$	1. Gross receipts or gross sales, less returns or allowances	\$	\$	
2. Gross profit	13000.	12340	2. Total income			
3. Net profit (or loss) 1/ 4860.11	\$	\$	3. Ordinary income (or loss)	\$	\$	
4. Salaries and wages paid to members of owner's family who are members of owner's immediate household*	5407.69		4. Compensation of principal 2/ partners*			
	nil	nil				
			5. Salaries and wages paid to members of principal partners' families who are members of principal partners' immediate household*			
NET EARNINGS (Sum of Lines 3 and 4)	\$	\$	NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$	

CORPORATION (Relates to IRS Forms 1120 and 1120-S)			Use this space for additional listings for Lines 4 or 5 if necessary:			
	19__	19__	Line No.	NAME	19__	19__
1. Gross receipts or gross sales, less returns or allowances	\$	\$				
2. Total income						
3. Taxable income	\$	\$				
4. Compensation of principal 2/ stockholders*						
5. Salaries and wages paid to members of principal stockholders' families who are members of principal stockholder's immediate household*						
NET EARNINGS (Sum of Lines 3, 4, and 5)	\$	\$				

*List name and amount of payment to each

1/ No deductions should be made for any "compensation" paid to owner.

2/ A principal stockholder is one who owns 15% or more of the capital stock of the corporation.

3/ A principal partner is one with a proprietary interest of 15% or more in the concern.

BOWENS - DUNCAN COMPANY
ACCOUNTING SERVICE
2716 N.E. UNION AVENUE
PORTLAND, OREGON 97212

November 15, 1972

Mr. E. R. Wiley, Property Manager
Portland Development Commission
Emanuel Hospital Project
235 N. Monroe Street
Portland, Oregon 97227

Dear Sir:

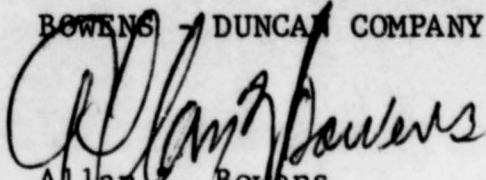
Mr. Paul Knauls has forwarded to us your letter of November 8, 1972, requesting information relating to net income and percentages for the pool room he operated on N Russell Street. In accordance with this letter and our telephone conversation today, we submit the following information (extracted from the 1969 and 1970 Income Tax Returns prepared by us:)

SUMMARY OF COMBINED NET INCOME

	<u>1969</u>	<u>1970</u>	<u>Two Year Total</u>	<u>Percent to Total Net</u>
Pool Room	4,860.11	5,407.69	10,267.80	39%
Paul's Cocktail Lounge	(2,217.51)	4,488.31	2,270.80	9%
Genevas	2,884.00	2,321.00	5,205.00	20%
Cotton Club	4,800.00	2,500.00	7,300.00	27%
Rental Income (Net)	<u>635.00</u>	<u>499.00</u>	<u>1,134.00</u>	<u>5%</u>
TOTAL NET INCOME (BEFORE INCOME TAXES, ALL SOURCES)	<u>\$10,961.60</u>	<u>15,216.00</u>	<u>26,177.60</u>	<u>100%</u>

All books of records and working papers used in the preparation of the above information is on file at our office for your inspection. Please call the undersigned should you require additional information.

Yours very truly,

BOWENS - DUNCAN COMPANY

Allan Z. Bovens
President

AZB:rr

cc: Mr. Paul Knauls

BOWENS - DUNCAN COMPANY

EASTSIDE ACCOUNTING and DATA PROCESSING SERVICE

2716 N. E. Union Avenue

Portland, Oregon 97212

Phone: 288-8341

May 4, 1972

Mr. & Mrs. Paul Knauls
1928 N. E. Bryant
Portland, Oregon

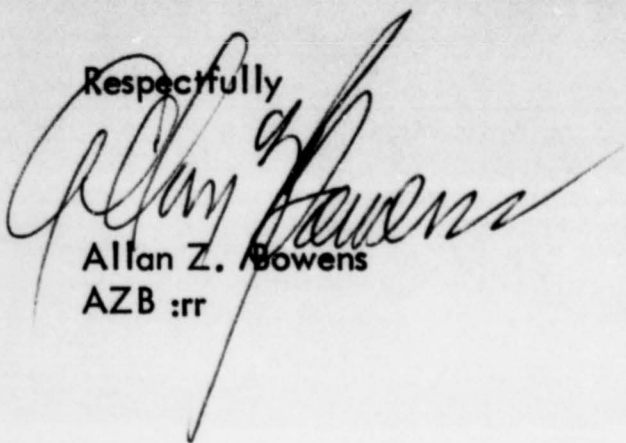
Dear Mr. & Mrs. Knauls:

Per your request, we submit the following information taken from the General Ledger and Federal Income Tax Returns for the years 1969 and 1970:

	<u>1969</u>	<u>1970</u>
SALES		
PAUL'S POOL	13,000.00	12,340.00
PAUL'S COCKTAIN LOUNGE	<u>156,128.00</u>	<u>123,480.00</u>
TOTAL SALES	\$169,128.00	\$135,820.00

Should you need further information please contact us.

Respectfully


Allan Z. Bowens
AZB :rr

APPENDIX 23. GUIDELINES DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)

<p>(For Local Agency Use Only)</p> <p style="text-align: center;"><u>DETERMINATION OF ELIGIBILITY FOR RELOCATION PAYMENT (BUSINESS)</u></p>	<p>NAME OF CONCERN Paul's Pool Room</p> <p>NAME OF LOCAL AGENCY Portland Development Commission</p> <p>PROJECT OR PROGRAM IDENTIFICATION: Emanuel Hospital Project</p>																									
<p>INSTRUCTIONS: Complete Block A, D, and E for all payments. Complete Block B if claim is for a payment in lieu of actual moving and related expenses. Complete Block C if claim is for a payment for actual moving and related expenses. Attach the completed form to the claim form(s) filed by the claimant. Attach an explanation of any difference in the amount claimed and the amount approved. NOTE: No claim for a relocation payment in excess of \$10,000 shall be paid without the prior concurrence of HUD.</p>																										
<p>A. BASIC INFORMATION</p> <p>1. Claimant is (check one): Business Nonprofit Farm <input checked="" type="checkbox"/> concern [] organization [] operation</p> <p>2. Date of HUD approval of project or program: <u>4-23-71</u></p> <p>3. Direct cause of displacement: <u>Purchase of property by local public agency.</u></p> <p>4. Date move started: <u>2-10-72</u> 5. Date move completed: <u>2-15-72</u></p> <p>6. Date claim filed: <u>7-14-72</u> 7. If applicable, date storage authorized: <u>n/a</u></p>																										
<p>B. PAYMENT IN LIEU OF ACTUAL MOVING AND RELATED EXPENSES</p> <p>1. Is the business part of a commercial enterprise having another establishment in the same or similar business which is not being acquired? [] Yes <input checked="" type="checkbox"/> No</p> <p>2. Can the business be relocated without substantial loss of its existing patronage? State basis for agency determination: [] Yes <input checked="" type="checkbox"/> No</p> <p>3. Amount of payment</p> <p style="margin-left: 20px;">a. Average annual net income:</p> <p style="margin-left: 40px;">As reported by claimant: <u>\$5,133.90</u> As verified by agency: <u>\$ 5,133.90</u></p> <p style="margin-left: 20px;">b. State basis for agency verification:</p> <p style="margin-left: 20px;">c. Amount of payment: <u>\$5,133.90</u> (If verified amount is less than \$2,500, payment shall be in the amount of \$2,500. If verified amount is more than \$10,000, payment shall be in the amount of \$10,000.)</p>																										
<p>C. PAYMENT FOR ACTUAL MOVING AND RELATED EXPENSES</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Item</th> <th style="width:15%;">Amount claimed</th> <th style="width:15%;">Amount approved</th> <th style="width:25%;">Authorized Signature</th> <th style="width:15%;">Date</th> </tr> </thead> <tbody> <tr> <td>1. Moving expenses, including covering storage</td> <td style="text-align: center;">\$ n/a</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td>2. Direct loss of property</td> <td style="text-align: center;">\$ n/a</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td>3. Searching expenses</td> <td style="text-align: center;">\$ n/a</td> <td style="text-align: center;">\$</td> <td></td> <td></td> </tr> <tr> <td>4. Total (Sum of Lines 1, 2, and 3)</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">//////////</td> <td style="text-align: center;">//////////</td> </tr> </tbody> </table>		Item	Amount claimed	Amount approved	Authorized Signature	Date	1. Moving expenses, including covering storage	\$ n/a	\$			2. Direct loss of property	\$ n/a	\$			3. Searching expenses	\$ n/a	\$			4. Total (Sum of Lines 1, 2, and 3)	\$	\$	//////////	//////////
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4. Total (Sum of Lines 1, 2, and 3)	\$	\$	//////////	//////////																						
<p>D. CERTIFICATION: I certify that I have examined this claim, and have found it to be in accord with all applicable provisions of Federal Law and the Regulations issued by the Department of Housing and Urban Development pursuant thereto. Therefore, this claim is approved and payment is authorized in the amount of <u>\$ 5,133.90.</u></p> <p style="text-align: center;">_____ DATE _____ Authorized Signature _____</p>																										
<p>E. RECORD OF PAYMENTS MADE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">DATE</th> <th style="width:15%;">CHECK NUMBER</th> <th style="width:15%;">AMOUNT</th> <th style="width:15%;">DATE</th> <th style="width:15%;">CHECK NUMBER</th> <th style="width:15%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">\$</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		DATE	CHECK NUMBER	AMOUNT	DATE	CHECK NUMBER	AMOUNT			\$			\$													
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		\$			\$																					

PORTLAND DEVELOPMENT COMMISSION

SITE OFFICE
EMANUEL HOSPITAL PROJECT
222 N. HOWARD ST.
PORTLAND, OREGON 97227
PHONE 222-2169

August 18, 1971

Paul's Pool & Card Room
17-23 N. Russell
Portland, Oregon

Gentlemen:

The premises you are now occupying at the above subject address are within the boundaries of the Emanuel Hospital Urban Renewal Project. Ownership (possession) of this property was vested in (granted) the Portland Development Commission on August 12, 1971.

Present plans of the Portland Development Commission call for demolition of the structure which you occupy at the earliest possible date. The most recent regulations of the Department of Housing and Urban Development governing this project stipulate that lawful occupants shall not be required to surrender possession without at least 90 days written notice from the local commission. This letter is therefore to advise you that we require you to surrender possession of the above subject premises not later than November 11, 1971. Any extension of this date must have the written approval of the Commission.

If you have any questions or wish more information please call on us at 222 N. Howard Street, telephone 222-2169. We want to cooperate with you to the fullest extent possible in finding a new location, assisting you in your move, and obtaining for you those benefits to which you

Very truly yours,

PORTLAND DEVELOPMENT COMMISSION

By: W. Stanley Jones

WStj/le

ATLAS HOTEL SUPPLY CO.

FOOD SERVICE SUPPLIES AND EQUIPMENT

FOR RESTAURANTS - HOTELS - HOSPITALS - SCHOOLS - INSTITUTIONS

4215 N. WILLIAMS AVENUE

288-6081

PORTLAND, OREGON 97217

PROPOSAL

DATE April 2, 1970

REFER TO

Mr. James Parks
dba Paul's
23 N. Russell
Portland, Oregon

1 each	Cutting Board		15.00
1 each	Stainless Steel Table		20.00
1 each	Three-Burner Gas Steam Table		70.00
12 each	Chairs	12.75/ea.	153.00
4 each	Tables	10.00/ea.	40.00
6 each	Sneeze Post	5.00/ea.	30.00
1 each	Sneeze Guard, Plastic		31.00
1 each	Ice Pan, Used		60.00
1 each	Bun Warmer		125.00
1 each	16' Metal Cap		40.00

S O #2837 - Used Equipment

1 other

3 dozen	Teaspoons	2.00/doz.	6.00
3 dozen	Knives	3.00/doz.	9.00
3 dozen	Forks	3.00/doz.	9.00
4 each	Teapots	1.00/ea.	4.00
4 each	Pots	.50/ea.	2.00
1 dozen	Saucers		3.00
4 dozen	Dinner Plates	4.00/doz.	16.00
3 dozen	Cups	4.00/doz.	12.00
15 each	Steel Steak Plates	.20/ea.	3.00

Paul's Cafe
4/2/70 - 2

S O #2837 (cont.)

1 extra

1 dozen	Salt and Peppers		3.50
2 each	Bus Pans	1.00/ea.	2.00
17 each	Saucers		4.00
2 dozen	Sauce Dishes	3.00/doz.	6.00
20 each	Bus Trays	.25/ea.	5.00
1 each	Tray plastic cover		2.00
1 each	Colander		1.00
1 each	12" Fry Pan		1.25
2 each	Hotel Pans	5.00/ea.	10.00
1 each	High Chair, no casters		5.00

S O #3106 - New Equipment

1 extra

6 each	9" Pom Tongs	.50/ea.	3.00
6 each	Squizit Bottles	.38/ea.	2.28
6 each	Grease Mops #986	.47/ea.	2.82
2 each	3" Pastry Brush	2.48/ea.	4.96
3 each	8" Gong Brush (VEGETABLE BRUSH)	1.35/ea.	4.05
1 each	B6402-14 (KNIFE TO SLICE ROAST BEEF)		8.10
1 each	14W SS Whip (FOR MASHED POTATOES ETC)		2.07
1 each	16W SS Whip " " " "		2.75
1 each	18W SS Whip " " " "		3.20
1 each	Bell		.70
1 each	Rolling Pin 15"		8.25
1 each	#6334-S Spatula		4.42
1 each	6" Wire Skimmer		2.63

Paul's Cafe
4/2/70 - 3

S O #3106 (cont.)

3 each	APM 200 x 4 Hotel Pans	11.70/ea.	35.10
2 each	APM 200 x 1/2 x 2-1/2 Hotel Pans	5.00/ea.	10.00
1 each	18 x 24 x 1-1/4 Cutting Board		<u>4.50</u>
			<u>\$ 785.63</u>

Geneva's	\$ 725.00
Paul's	<u>786.63</u>
	1511.63
Less Downpayment	<u>(600.00)</u>
BALANCE	<u>\$ 911.63</u>

TERMS: BALANCE IN 90 DAYS IN THREE EQUAL PAYMENTS

The above quotations are net F.O.B. _____

Acceptance of this Proposal is made subject to the "TERMS AND CONDITIONS" printed on the reverse side. Please sign the original and return it to us, and retain the duplicate for your files.

Accepted: _____ 19 ____ By _____

ATLAS HOTEL SUPPLY CO.

For
(Firm) _____ (over)

By _____
Raymond Lusher

CITY LICENSE
PORTLAND, OREGON

TYPE **FLAT** No. **4965**

CODES **22 7931**

ACCT. No. **317947**

ISSUED PURSUANT TO APPLICATION AND UNDER THE TERMS AND CONDITIONS OF LICENSE ORDINANCES OF THE CITY OF PORTLAND

MAR 12, 1969

KNAULS, PAUL & GENEVA

AT **23 N RUSSELL ST PORTLAND, OR 97227°**

IS LICENSED AS **POOL TABLES** FOR THE PERIOD ENDING **8/31/69**

License not valid for purpose stated unless it bear deputy's receipt.

RECEIPT OF \$ **75.00**

IS HEREBY ACKNOWLEDGED
DARYL G. CALLOWAY
 Treasurer of the City of Portland

DEPUTY **RAY SMITH**
 Auditor of the City of Portland

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE

CITY LICENSE
PORTLAND, OREGON

TYPE **FLAT** No. **4966**

CODES **22 7949**

ACCT. No. **317949**

ISSUED PURSUANT TO APPLICATION AND UNDER THE TERMS AND CONDITIONS OF LICENSE ORDINANCES OF THE CITY OF PORTLAND

MAR 12, 1969

KNAULS, PAUL & GENEVA

AT **23 N RUSSELL ST PORTLAND, OR 97227°**

IS LICENSED AS **POOL TABLES** FOR THE PERIOD ENDING **8/31/69**

License not valid for purpose stated unless it bear deputy's receipt.

RECEIPT OF \$ **150.00**

IS HEREBY ACKNOWLEDGED
DARYL G. CALLOWAY
 Treasurer of the City of Portland

DEPUTY **RAY SMITH**
 Auditor of the City of Portland

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE

CITY LICENSE
PORTLAND, OREGON

TYPE **FLAT**

CODES **22+7949**

ACCT. No. **317946**

ISSUED PURSUANT TO APPLICATION AND UNDER THE TERMS AND CONDITIONS OF LICENSE ORDINANCES OF THE CITY OF PORTLAND

MAR 12, 1969

KNAULS, PAUL & GENEVA

AT **23 N RUSSELL ST PORTLAND, OR 97227**

IS LICENSED AS **CARD TABLE** FOR THE PERIOD ENDING **12/31/70**

License not valid for purpose stated unless it bear deputy's receipt.

RECEIPT OF \$ **150.00**

IS HEREBY ACKNOWLEDGED
DARYL G. CALLOWAY
 Treasurer of the City of Portland

DEPUTY **RAY SMITH**
 Auditor of the City of Portland

CHECKS ACCEPTED SUBJECT TO PAYMENT

THIS LICENSE MUST BE POSTED IN A CONSPICUOUS PLACE - NOT TRANSFERABLE

2 JAN 29 1969
 DARYL G. CALLOWAY
 City Treasurer
 DEPUTY

AUD 80-305-280

AUD 80-305-280
(25M-BLOA)

AUD 80-305-280
(30M-BLOA)

BOWENS - DUNCAN COMPANY

EASTSIDE ACCOUNTING and DATA PROCESSING SERVICE

2716 N. E. Union Avenue
Portland, Oregon 97212

Phone: 288-8341

May 4, 1972

Mr. & Mrs. Paul Knauls
1928 N. E. Bryant
Portland, Oregon

Dear Mr. & Mrs. Knauls:

Per your request, we submit the following information taken from the General Ledger and Federal Income Tax Returns for the years 1969 and 1970:

	<u>1969</u>	<u>1970</u>
SALES		
PAUL'S POOL	13,000.00	12,340.00
PAUL'S COCKTAIN LOUNGE	<u>156,128.00</u>	<u>123,480.00</u>
TOTAL SALES	\$169,128.00	\$135,820.00

Should you need further information please contact us.

Respectfully

Allan Z. Bowens
Allan Z. Bowens
AZB :rr

11 May, 1971

Mr. Clyde Sanders
Small Business Administration
700 Pittock Block
Portland, Oregon 97205

Dear Mr. Sanders:

The Portland Development Commission is presently displacing occupants within the Emanuel Hospital Urban Renewal Project (ORE R-20). Paul Knauls who operates Paul's at 19 & 23 N. Russell, Portland, Oregon is being displaced by reason of the urban renewal activities in this area.

Paul Knauls will be eligible for benefits under the provision of the Uniform Relocation and Land Acquisition Policies Act of 1970. He will be eligible for payment of actual reasonable moving expenses with no maximum limit and will also be eligible for payment of losses incurred by reason of personal property or fixtures which cannot be adapted for use at a new location (limited to the amount that would have been necessary to move such property). Actual reasonable expenses, subject to a limitation of \$500, in searching for a replacement business may also be included as part of the relocation payment.

In place of the above payment the business may choose to accept a fixed payment equal to the business concern's annual net earnings, but not less than \$2,500 nor more than \$10,000, if it is determined that the business cannot be relocated without a substantial loss of its existing patronage, and it is not a part of a chain operation.

We understand that Paul Knauls intends to apply for a SBA loan to help in his move to a new location. Any help you can extend to this business being displaced by urban renewal action will be appreciated. We are most concerned in assisting Mr. Knauls in continuing as a member of the business community. If we can in any way provide any information or help affecting this case we would appreciate a letter or a call from your office. Thank you for your usual concern in this matter.

Very truly yours,

W. Stanley Jones

WSJ:slc

*cc: Paul Knauls
slc*

PORTLAND DEVELOPMENT COMMISSION

ONE FIFTH
DEPARTMENT OF ECONOMIC DEVELOPMENT
ONE N. BROADWAY
PORTLAND, OREGON 97208
PHONE 233-4400

12 May, 1971

Mr. Clyde Sanders
Small Business Administration
700 Pittock Block
Portland, Oregon 97205

Dear Mr. Sanders:

Per our conversation of 11 May, 1971, I have enclosed a list of businesses in the Emanuel Hospital Organ Renal Project which were mailed a letter on 10 May advising them of available SBA assistance. I have also enclosed a copy of the letter sent to these businesses. It is my understanding that you will send each business involved the proper informational material.

Thank you for your continued cooperation.

Very truly yours,

W. Stanley Jones

WSJ:sic
enc.

Albina Pipe Bending
225 N. Russell
Portland, Oregon 97227

American Plating Co.
2751 N. Williams
Portland, Oregon 97227

Carlos Body & Fender Shop
2609 N. Vancouver
Portland, Oregon 97227

Cathay Food Market
2619 N. Williams
Portland, Oregon 97227

Denne Bros. Inc.
35 N. Russell
Portland, Oregon 97227

Field Sensi-Threader Machine Co.
417 N. Monroe
Portland, Oregon 97227

Jewell Glass Co.
2607 N. Vancouver
Portland, Oregon 97227

Lees Trailer Co.
2716 N. Vancouver
Portland, Oregon 97227

Lew's Men's Shop
113 N. Russell
Portland, Oregon 97227

Lynn Kirby Ford Body Shop
315 N. Russell
Portland, Oregon 97227

Manning Bros. Garage & Service Station
2847 N. Williams
Portland, Oregon 97227

Oregon Rug & Mattress Co.
2651 N. Vancouver
Portland, Oregon 97227

Paul's
19 & 23 N. Russell
Portland, Oregon 97227

Philbin's Mfg. Co.
27 N. Russell
Portland, Oregon 97227

Robbins Inn
3070 N. Commercial
Portland, Oregon 97227
% Mrs. Emily Lohi
835 N. E. Jessup
Portland, Oregon

Thomas Shine Parlor
& Bicycle Shop
11 N. Russell
Portland, Oregon 97227

Wallace Bldg. Wreckers
2717 N. Williams
Portland, Oregon 97227

Western Food Equipment Co.
2321 N. Vancouver
Portland, Oregon 97227

PORTLAND DEVELOPMENT COMMISSION

OFFICE
CHIEF OF BUREAU OF REVENUE
222 N. BROAD ST.
PORTLAND, OREGON 97207

10 May, 1971 30 years. The purchase price

Paul's Cocktails
19 N. Russell
Portland, Oregon 97227

Attn: Paul Knuls

Dear Occupant:

This is to remind you that since your business will be affected by the urban renewal project in this area, you are eligible for special consideration from the Small Business Administration. This assistance is in the form of low interest, long term loans. These loans may be made jointly with local banks or other lending institutions, or on a direct basis and may be used for several purposes, some of which are:

1. to purchase or remodel a building;
2. to provide working capital;
3. to replace machinery and equipment; and
4. to increase inventory.

The SBA also provides management and technical assistance.

We urge you to visit the SBA office to ascertain additional information concerning the assistance you may receive. They are located in the Pittock Block, 921 S. W. Morrison. If you desire to make an appointment or have any questions, please call (503) 222-1111.

Very truly yours,

W. Stanley Jumbo

WSJ:slc

R E C E I P T

I hereby acknowledge receipt of a copy of the Portland Development
Commission's INFORMATIONAL STATEMENT FOR PERSONS AND FIRMS DOING
BUSINESS WITHIN PROJECT BOUNDS and SUPPLEMENTAL SELF-MOVE INSTRUCTIONS.

[Signature]
Firm
[Signature]
by
[Signature]
Title

5/10/71
date

March 19, 1968

John B. Kenward

E. R. Wiley

Meeting Re Business Displacement in the Emanuel
Hospital Area

The meeting of March 14, 1968 was held in the Conference
Room of the Albina Branch of the Library and was attended by the
following:

Business Men

S. Chester Daniels
Low Gress
Paul Knauls
George Weisz
Harvey Rice

Type of Business

Pool Room
Low's Men's Shop
Cotton Club (out of project)
Battery Store
Associated with Paul Knauls

Agency Representatives

John Carter
Walter A. Hadfield
Frank Mair
Ernest Yuzon
Lawrence Monk
E. R. Wiley
Eric Johnson
Frank Frost
Robert Richardson
Ray Bradley
Rozell Gilmore

Agency

FHA
SBA
PDC
PDC
PDC
PDC
PDC
Model Cities
Model Cities
DHUD
DHUD
Albina Neighborhood Service
Center

The meeting was called by Mr. Daniels to get the best possible
information to the business men of the Emanuel Hospital Area. They
were informed of:

1. The present status of the project and the expected
timing of the steps to completion.
2. The services to be extended by the SBA.
3. Relocation services and benefits.

John B. Kenward

-2-

March 19, 1963

4. Model Cities' coordination.

Comments regarding the project were expressed by Mr. Daniels who suggested the procedure should get under way or stop. (To him it appears to be on "dead center" with no action.)

Mr. Gilmore would like assurances that the project will make employment available to residents of the area during PDC activities as well as during construction and upon completion of the development.

The men of the area expressed the feeling that this project was handed to them complete without their desires being considered in shaping the plans for the area.

ERW:lp

3803 North Kiska Street
Portland, Oregon 97217

January 31, 1968

RECEIVED
AN FR 1968

FEB 5 1968

RECEIVED
BY PC & S DIV.
7-25
FEB 5 1968

AM
7, 8, 9, 10, 11, 12, 1, 2, 3
M
G
A

Regional Office, Department of
Housing & Urban Development
Relocation Branch
450 Golden Gate Avenue - Box 36003
San Francisco, California 94102

Attention: Mr. Robert Richardson
Business Relocation Specialist

Gentlemen:

This is on behalf of a group of business men in the proposed
Emanuel Hospital Urban Renewal site.

In anticipation of the relocation in the area, we would like
to meet with representatives of your Agency as well as the
Small Business Administration so we may be aware of the
various aids and regulations related to the project.

If you will let us know when someone from your Department
will be in Portland, we will arrange a meeting.

Very truly yours,



S. Chester Daniels

Enclosure

WE THE UNDERSIGNED ARE BUSINESSMEN IN THE PROPOSED EMANUEL HOSPITAL URBAN RENEWAL SITE. WE ARE CONCERNED ABOUT THE DISPOSITION AND RELOCATION OF THOSE PEOPLE IN THE AREA WHO ARE RESIDENTS AND ALSO IN SMALL BUSINESS ENDEAVORS. WE FEEL THAT SUCH THINGS AS; ACCESS TO AND FROM THE FREMONT BRIDGE AND FREEWAY IN TERMS OF HOW IT WILL EFFECT THIS AREA; ZONING, STREET AND ALLEY VACATIONS; AN UPGRADING OF HOUSING AND COMMERCIAL FACILITIES; A CLEAR APPRAISAL OF AND ABILITY TO WORK WITH THE SMALL BUSINESS ADMINISTRATION; ARE SOME OF THE THINGS THAT SHOULD BE CONSIDERED IN TERMS OF MAKING OUR NEIGHBORHOOD MORE HOMOGENEOUS THEREBY AFFECTING A BETTER COMMUNITY FOR AND TO ENCOMPASS BOTH BUSINESS AND LIVING CONDITIONS.

	<u>NAME</u>	<u>ADDRESS</u>
1.	<i>Richard Lee</i>	<i>2619 E. Williams Ave. Cottage</i>
2.	<i>Robert C. Brown M.D.</i>	<i>1004 N. Russell</i>
3.	<i>James (Bill) Davis</i>	<i>24 N. Russell St. TOP Q. Billiard</i>
4.	<i>[unclear]</i>	<i>15 N. Russell [unclear]</i>
5.	<i>[unclear]</i>	<i>112 - N. Russell [unclear]</i>
6.	<i>Paul [unclear]</i>	<i>55 N. Russell [unclear]</i>
7.	<i>[unclear]</i>	<i>27 N. Russell [unclear]</i>
8.	<i>Warren L. Robinson</i>	<i>3203 N. William HOWA'S FOOD</i>
9.		
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YEAR 19 65

APPRaisal SUPPORT DATA
SCHEDULE OF INCOME
WARRANTED PER YEAR
PER MONTHLY
PER YEAR
WARRANTED PER YEAR

FLOOR TENANT
1st FLOOR
1200
1000
2000

OPERATING EXPENSE SCHEDULE
IN-URANCE
HEAT
LIGHT
WATER
GARBAGE
TELEPHONE
SUPPLIES
ADVERTISING
WAGES
REPAIRS
MANAGEMENT
MISC
TOTAL EXPENSES
MARKET DATA APPROACH

INCOME CAPITALIZATION APPROACH
WARRANTED GROSS INCOME
VACANCY ALLOW
OPERATING EXP
PERS PROP CHARGES
LAND CHARGES
TOTAL CHARGES
NET INCOME TO BUILDING
BEFORE DEP & REPR
CAP RATE SELECTION
INT 2% DEPR
BUILDING VALUE RESIDUAL
NET INC 2.2%
GROSS INC \$
MULTIPLIER
LESS PERSONAL PROPERTY VALUE
LESS LAND VALUE
BUILDING VALUE RESIDUAL

Table with columns: % ADJ., SQ. FT. ITEMS, LUMP SUMS. Includes rows for STORES, OFFICES, BATH, etc.

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Table with columns: TOTALS, NET ADJ, SO. FT. X \$, REPR COST, INDEX 12.0% X QUAL. 20% 100% 59,255, ADJ. FACTOR 12%, TOTAL BASE COST 59,105.

Table with columns: TOTAL REPL. COST, DEPR, COST APPROACH, DEPR REPR. COST, INCOME APPROACH, BLDG RESIDUAL, MARKET APPROACH, BLDG RESIDUAL, IMPROVEMENTS, VALUE CONCLUSION, 19,600, DEPR, F.M. VALUE, 19, DEPR, F.M. VALUE, 19, DEPR, F.M. VALUE.

Paul's Cocktails + Cafe

(Firm Name)

(Parcel)

(Structure)

(Unit No.)

Address 19 N. Russell

Phone

Type of operation Tavern + Cafe

Operator or manager Knauts (Paul)

No. of empl. Owner Live on premises Expected emp.

Tenant Rent Date due Eligible Vet. Loan Subtenant

Future plans: Continue Change Disc. Sell Retire Other

Help in relocation: Yes No

Electricity by Garbage service by

Requirements	Present	Preferred	Referral A	Referral B	Final Select.
Location	X				
Rent					
Limited to Zones					
Business License Transf.	X				
Parcel Size					
Parking					
Structure Size					
Warehouse Space					
Ceiling Height					
Special Plumbing					
Special Wiring					
Heavy Floor Load					
Water					
Sewer					
Power					
Load Deck or Ramp					
Highway Access					
Show Window Req.					

Remarks

Lease Buy Build Advance notice req.

Estt. cost of moving Days required to move

Estt. property loss Property loss paid at purchase

Items to be moved (Continue on Interview register):

I on gave information statement and notice to move to by

Extended on by to

Extended on by to