



# Certificate of Licensure

**Issued to:** RESTORATIVE ROOTS WILKES-BARRE, LLC

**Facility No.:** 407005RH

**Type:** FULL

**THIS CERTIFICATE AUTHORIZES**

RESTORATIVE ROOTS  
786 MAIN STREET  
EDWARDSVILLE, PA 18704

**To Provide The Following Drug and Alcohol Activities**

Recovery House (4)

**Approval Date:** April 01, 2026

**Expiration Date:** March 31, 2027



**Pennsylvania  
Department of Drug and  
Alcohol Programs**

*Latika Davis-Jones, PhD, MPH, MSW  
Secretary of Drug and Alcohol Programs*

**NOTE: THIS CERTIFICATE OF APPROVAL IS ISSUED TO THE ORGANIZATION NAMED ABOVE AND IS FOR THE PREMISES AND FACILITY NAMED AND IS NOT TRANSFERRABLE.**