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7-23

TRUST FUND NO.....

CITY OF PORTLAND, OREGON
DEPARTMENT OF FINANCE
BUREAU OF LICENSES

APPLICATION TO CITY OF PORTLAND FOR LICENSE Transfer

TO RENT ROOMS FOR LODGINGS FOR A PERIOD OF LESS THAN THIRTY DAYS FROM
APPLICATION IS HEREBY MADE for a license to operate a Hoty 809 S.W.STARK
Name of Place Farmount Location 19 N.W. 62
Number of rooms equipped for sleeping purposes 3 8 Other Rooms
How long have you lived in Portland Where Congues Notes
Do you read and write English What business or occupation have you followed the
last five years
Were you ever arrested for violation of Federal, State or City laws 15 If so what was the
Charge Marals (See letter Ch. of Police Vorlys)
Who is the owner of the property Jes Schutzer 1428 n.2. Schutzer (Name and Address)
Have you a lease How long 2 12 72. What rent 50 00 (Month or war)
To whom paid for Selection (Name and Address)
GIVE NAMES OF (3) PROPERTY OWNERS AS REFERENCES
I have known them for
1 F. Hochfield Pay of Sheelock My years
2 D. Sugar Royal Mdg. years
3 Dr. Siabel Wested Devil My years
Marjail a Johnson
Date of Application 8-5-4-
Bureau of License (Per)
Referred to Health Dep't. Returned MAR 1 8 1943
Referred to Health Dep't. Returned MAR 1 8 1943

Aug.5,1942.

Mr. Harry M. Mles, Chief of Police, City.

Dear Sir;An application to transfer a hotel license to #19 N.". 6th Ave.,
has been filed by Marjorie A.Johnson. This is the same party who was
cleared for a license at #809 S.". Stark last month.

Please advise if this transfer meets with your approval.

Yours very truly,

Chief License Inspector.



H. M. NILES, CHIEF OF POLICE

CITY OF PORTLAND

DEPARTMENT OF PUBLIC SAFETY

R. E. RILEY, COMMISSIONER

BUREAU OF POLICE

Our File No Your File No August 10,1942.



L. V. JENKINS, INSPECTOR OF POLICE

Mr. J S Hutchinson, License Bureau Portland, Ore.

Dear Sir -

Re application to transfer license to 19 N W 6th Avenue by Marjorie A. Johnson. Report of investigating officers is attached. Recommend permission be given.

Yours very truly,

DY: M. Miles.

H M NILESCHief of Police.

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MEMBER OF



Form S-48 100M	CITY OF PORTLAND, OREGON DEPARTMENT OF PUBLIC SAFETY	(and)			
Subject	OFFICER'S REPORT	No			
TIME 11:30 P. M.					
CAPTAIN HA. CIY CLE.		AUG 8 , 1942			
INSPECTION FOR TRANSFER	OF HOTELLICENSE.				
MARJOYIE JOHNSON	Six:				
809 S. W. STAPK	WE IA	TERVIEWED MARJONIE			
1 0 1 7	JOHNSON A	7 809 S. W. STARK ST.			
About THE PRANCEEP	OF HER HOTEL LICENSE FROM	This address To 19. M.W			
	V AS THE FAIRMONT HOTEL. SI				
29 ym bld, A A. AMERICAN, IS NOT MARRIED. She has NO PORICE RECOYD UNDER					
	OF Johnson, GOT WAS ARREST	The state of the s			
	CRAWFORD AND CHARGED WIT				
	LOCATION THERE ARE 33 A				
	WNNING WATER IN EACH POOL				
	TENDS TO RUN THIS PLACE	The second secon			
DIN BELIEF.		115#680 - W. P. DOBSCHEP*652			
Form S-48 100M	CITY OF PORTLAND, OREGON				
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Subject	DEPARTMENT OF PUBLIC SAFETY	(m) No			
Subject	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE	MO			
Subject	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE	No			
SUBJECT	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	No			
SUBJECT TIME CAPTAIN	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	No			
SUBJECTTIMECAPTAIN	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	No			
SUBJECT	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	TERVIEWED MARSONIE T 809 S. IN. STARK ST.			
SUBJECT	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	TERVIEWED MARSONIE T 809 S.IN. STARK ST. M This Address To 19. M.M.			
SUBJECT TIME CAPTAIN	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	TERVIEWED MARJOVIE T 809 S.W. STARK ST. M This Address TO 19 MM HE STATES THAT SHE IS			
SUBJECT TIME CAPTAIN	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	TERVIEWED MARJOVIE T 809 S.IN. STARK ST. This Address To 19 M.M. HE STATES THAT SHE IS NO POLICE SECOND UNDER			
SUBJECT	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	TERVIEWED MARJOVIE T 809 S.IN. STARK ST. M This Address To 19 M.M. HE STATES THAT SHE IS NO PORICE RECOYD UNDER END IN MAY OF THIS YEAR			
SUBJECT TIME CAPTAIN	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	TERVIEWED MARJOVIE T 809 S.IN. STARK ST. THIS ADDRESS TO 19 M.W. HE STATES THAT SHE IS NO POLICE SECOND UNDER END IN MAY OF THIS YEAR TO OPERATING A GAWDY			
SUBJECT TIME CAPTAIN	DEPARTMENT OF PUBLIC SAFETY BUREAU OF POLICE OFFICER'S REPORT	TERVIEWED MARJOVIE T 809 S.IN. STARK ST. M This ADDRESS TO 19. N.M. HE STATES THAT SHE IS NO POLICE SECOND UNDER END IN MAY OF THIS YEAR TO OPERATION A GAMEY LY. SHE STATES FURTHER			

DAY PELLEF. PESP: N. S. MOTTIS LEO - IN PLOESCHED 15V

SANITARY DIV.

No 399 FORM U437

PURE FOOD AND SANITARY DIVISION BUREAU OF HEALTH

BUSINESS OR OCCUPATIONAL PERMIT

This PERMIT may require the payment of a license. NOTE license requirements in paragraph below.

CITY OF PORTLAND, OREGON

This Permit

require the payment of a license fee.

Business Name	1 1			
Name or Names of Proprietors or Permittee	Marierie 1	9. Johnson		***************************************
Indicate if Corporation, Association,	, Partnership, Firm or Private	Concern	te	
			State Number of Employees	
	named Corporation, Association	n, Partnership, Firm or Per	een duly inspected and upon complison is hereby authorized to operate	
	Hoses		1/2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	900		night.	19
Date of Issue	19.	Signed		Inspector
IMPORTANT INFORMATION				
nis permit is issued in complissented to the Bureau of Licenses, R	ance with the legal requirement com 204, City Hall, and proper	s of the City of Portland, license form secured. Licen	Oregon. When license is required se fee requirement indicated in upper	this permit must be pre-
REMARKS				



TRUST FUND NO.

CITY OF PORTLAND, OREGON
DEPARTMENT OF FINANCE
BUREAU OF LICENSES

APPLICATION TO CITY OF PORTLAND FOR LICENSE

TO RENT ROOMS FOR LODGINGS FOR A PER	RIOD OF LESS THAN THIRTY DAYS
APPLICATION IS HEREBY MADE for a license to op	erate a Kofel
Name of Place Ter-minus Hate / Loca	
Number of rooms equipped for sleeping purposes	40 Other Rooms
How long have you lived in Portland 38 year	18. Where 1211 NE Stanto
Do you read and write English Yes. W	nat business or occupation have you followed the
last five years Brocery	
Were you ever arrested for violation of Federal, State o	
Charge	
Who is the owner of the property J/M Ma	
Have you a lease How long	What rent (Month or year)
To whom paid	me and Address)
GIVE NAMES OF (3) PROPERTY	
Oak Oagan and	I have known them for
1 6 vst Jappas. 2756 Address	
2 Prist Duchen . 725 Addres	SW fark 30 years
3 Lovis Demas. 170 Addres	1 NW Florett 20 years
	Janes Akaletes Signature of Applicant
Date of Application DEC 22 1942	
Bureau of License (Per)	
Referred to Health Dep't. /> 30	Returned _ FEB 2 6 1943
APPROVED:	GRANTED: 2 -2 6-443
70m. Humphreise	the second
Health Department.	Inspector of Licenses.
VICIONAL LICENSE " J-79	

PROVISIONAL LICENSE # - 79.

Expires 2/20/43

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