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\$77

TRUST FUND NO.___

CITY OF FORTLAND. OREGON DEPARTMENT OF FINANCE BUREAU OF LICENSES

APPLICATION TO CITY OF PORTLAND FOR LICENSE

TO RENT ROOMS FOR LODGINGS FOR A PERIOD OF LESS THAN THIRTY DAYS
APPLICATION IS HEREBY MADE for a license to operate a Hatel
Name of Place Treves. Location 322 S.W. 11-
Number of rooms equipped for sleeping purposes7 JOther Rooms
How long have you lived in Portland 57 Where 826 N.E. 80 2
Do you read and write EnglishWhat business or occupation have you followed the
last five years house keepen
Were you ever arrested for violation of Federal, State or City laws If so what was
the charge
Who is the owner of the property Jos Myers Est. U.S. Br. Trustie (Name and Address) Have you a lease How long J Yes What rent 400 ²² (Month or Year)
Have you a lease how long J Yes What rent 400 (Month or Year)
To whom paid US BK Trustee (Name and Address)
(Maine and Audress)
GIVE NAMES OF (3) PROPERTY OWNERS AS REFERENCES
1 D. D. Domel Failing Blog years
1 A.N. Wounder Address Address years
Name Address
2 J-A. ME Holland years
2 J.A. M. & Holland years 3 N Nicolai 4 N N 10 years years
2 J.A. McHolland years
2 J.A. M ² Holland Name Address years 3 Nicolai 4 NN10 ² years Name Address Della E Dalujo Signature of Applicant
2 J.A. M ² Holland Name 3 Nicolai Name Address Address Address Address Address Address Detta & Balups Signature of Applicant Date of Application _ 10-3
2 J.A. M ^e Holland Name 3 Nicolai Name Address Address Address Address Address Address Della E balufo Signature of Applicant Date of Application 10-3 Bureau of License (Per) WF Della Della Della Della Della Della Della Della Della Della Della Della Della Della Dell
2 J.A. M ² Holland Name 3 Nicolai Name Address Address Address Address Address Address Detta & Balups Signature of Applicant Date of Application _ 10-3
2 J.A. Mc Holland Name 3 Nicolai Name Address Address Address Address Date of Application 10-3 Bureau of License (Per) WF Determine Bureau of License (Per) WF Determine Deter
2 J.A. Metholland Name Address years 3 Nicolai 4 NV10 ⁻¹ years Address Address Della E Delufo Signature of Application 10-3 Bureau of License (Per) WF 967 Referred to Health Dep't. 10-9 Returned MN 5 1948
2 J.A. Metholland Name Name Name Address Ad
2 J.A. M ² Holland Name 3 Nicolai Address Address Address Address Della E beliefs Signature of Applicant Date of Application 10-3 Bureau of License (Per) WE Referred to Health Dep't. 10-9 Returned MN 5 1948 APPROVED: 1281-1244 GRANTED: TEBan GRANTED: TEBan