OD	TOTAL	
	IGIN	<b>nL</b>

CITY OF PORTLAND, OREGON DEPARTMENT OF FINANCE TRUST FUND NO 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 Holel
Name of Place Treves Location 322 SW11-
Number of rooms equipped for sleeping purposes7 JOther Rooms
How long have you lived in Portland 39 Where 826 NE 80 -
Do you read and write English
last five yearstoolel Optr
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 Myous Est. US Bit Truster (Name and Address) Have you a lease yes How long 5 ys What rent 400 ** (Month or Year)
Have you a lease thes How long Sys What rent 400
To whom paid (Month or Year)
GIVE NAMES OF (3) PROPERTY OWNERS AS REFERENCES
2 Name Address Della I Dalup. years 3 years
3 Address years
VEna M. Moton Signature of Applicant
Date of Application 10-3
Bureau of License (Per) UE
Referred to Health Dep't Returned
APPROVED: GRANTED:
Health Department Inspector of Licenses
PROVISIONAL LICENSE #
Expires 12/3/47 Naturalization papersYear

How long in U.S.A.\_\_\_\_Years

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