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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 PERIOD OF LESS THAN THIRTY DAYS
APPLICATION IS HEREBY MADE for a license to operate a Motel
Name of Place Treves Location 322 SW 11
Number of rooms equipped for sleeping purposes7 5Other Rooms
How long have you lived in Portland 30 Where 7236 N. Ferwick
Do you read and write English What business or occupation have you followed the
ast five years Diesel Engr.
Were you ever arrested for violation of Federal, State or City laws
Who is the owner of the property for myces Est US Nath BL
Who is the owner of the property for Mycro (Name and Address)
Have you a lease for How long 54 What rent 400 (Month or Year)
To whom paid US Nath Brc (Name and Address)
(Ivalie and Address)
GIVE NAMES OF (3) PROPERTY OWNERS AS REFERENCES
I have known them for
A HAVE RHOWIN MIGHT TOP
1 Lee years 2 Name Address Address Vella & Jears 3 years 3
1 Lee years 2 Name Address Address years 2 Name Address Villa & Jalap years 3 years
1 <u>Vane opplication Address</u> 2 <u>Name</u> 3 <u>Name</u> Name Name Address Della & Dalap. years Donald & Tillateon Donald & Tillateon
1  1  1  years    2  Name  Address  Vella E  years    3  Name  Address  Vella E  years    3  Name  Address  Donald C  Tillateon    Date of Application 10-3  Jonald C  Signature of Applicant  Signature of Applicant
1  1  1  years    2  Name  Address  Vella E  years    2  Name  Address  Vella E  years    3  Name  Address  Donald C  Tillateon    3  Name  Address  Donald C  Tillateon    Date of Application 10-3
1  1  Years    2  Name  Address  Years    2  Name  Address  Vella I I I I I I I I I I I I I I I I I I
1  1  Years    2  Name  Address  Years    2  Name  Address  Vella I I I I I I I I I I I I I I I I I I
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1  Mame  Address  years    2  Name  Address  Where  years    2  Name  Address  Della E  Jackappicant    3  Name  Address  Donald CE Tifleteon  years    3  Name  Donald CE Tifleteon  years    Date of Application 10 - 3  Donald E  Dalugs  Jackappicant    Bureau of License (Per)  WE  Gate 3  Jackappicant    APPROVED:  Inspector of Licenses  Gate 3  Jackappicant
1  1  1  1  1    Name  Address  Vela  2  years    2  Name  Name  Vela  2  years    3  Name  Address  Donald  C  C    3  Name  Address  Donald  C  C    Date of Application 10 - 3  Signature of Applicant  Signature of Applicant  3    Bureau of License (Per) WE  10  3  3    Referred to Health Dep't.  Returned  JAN 5  14.8



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N. N. Thornton

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