

Baker County

TLT Application Form

Date:	Business Name:										
Address:											
City:			Sta	ate:		Zip: _		_ Z	ip Ext	:	
Jurisdictio	on:										
Physical A	Address	s:						_			
City:			St	ate:		Zip: _		Z	ip Ext	:	
Operator 1	Name: .										
			Co	ntact	Info	orma	tion				
Name:				Phone:							
Address:											
						E-ma	il:				
			Mo	nths	of O	pera	tion				
Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
				Er	ntire Y	ear					
			Fac	ilitie	s Inf	orma	tion				
Rooms: Space					: Camp Site				es:		
Owner Signa If y	ature ou have	any que	estions	or comn	nents, f	eel free	to call ı	 Dat is at (54		-8209	

If you have any questions or comments, feel free to call us at (541) 523-8209

Baker County Admin. Services

1995 Third Street

Baker City, OR 97814