



Baker County

TLT Application Form

Date: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Ext: _____

Jurisdiction: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Zip Ext: _____

Operator Name: _____

Contact Information

Name: _____ Phone: _____

Address: _____

_____ E-mail: _____

Months of Operation

Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

Entire Year

Facilities Information

Rooms: _____ Spaces: _____ Camp Sites: _____

Owner Signature

Date

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