

**Lodging Facility Registration Form**  
(Pursuant to City of Pendleton Ordinance No. 2795)

**This form must be completed by all Lodging Facilities and updated when information changes**

Business Name of Lodging Facility: \_\_\_\_\_

Location of Lodging Facility: \_\_\_\_\_

Type of entity: \_\_\_\_\_

Owner of Lodging Business: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Manager of Lodging Facility: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Designated Representative  
(for Service of Notice and Process) \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Owner of Real Property  
where Lodging Facility is located: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

City of Pendleton Business License No. \_\_\_\_\_  
for the year: \_\_\_\_\_

**Please return completed forms to:                   PENDLETON CITY ATTORNEY'S OFFICE**  
**500 SW DORION AVE**  
**PENDLETON OR 97801**