

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**