



TRIM Reference: _____

APPLICATION FOR REGISTRATION OF A LODGING HOUSE

Schedule 4 – City of Greater Geraldton Health Local Law 2014

APPLICANT DETAILS

Applicant's Name: _____

Residential Address: _____

ABN: _____

Postal Address: _____ *if different to above*

Phone Number: _____ Mobile Number: _____

Email Address: _____

LODGING HOUSE DETAILS

Business Name: _____

Address: _____

Phone Number: _____ Mobile Number _____

Email Address: _____

Lodging House to be classified as: *please tick which is to apply*

- A Lodging House
- A Short-Term Hostel
- A Recreational Campsite
- Serviced Apartments



DESCRIPTION OF LODGING HOUSE

Number of Storey's: _____

	<u>Number</u>	<u>Area</u>
Laundries/Toilets/Bathrooms	_____	_____
Bedrooms	_____	_____
Dining Rooms	_____	_____
Kitchens	_____	_____
Sitting Rooms	_____	_____
Other (Specify): _____	_____	_____
Rooms for Lodgers	_____	_____
Bedrooms	_____	_____
Dining Rooms	_____	_____
Kitchens	_____	_____
Sitting Rooms	_____	_____
Other (Specify): _____	_____	_____
Sanitary Conveniences for Male Lodgers		
Toilets	_____	
Urinals	_____	
Baths	_____	
Showers	_____	
Hand Wash Basins	_____	
Sanitary Conveniences for Female Lodgers		
Toilets	_____	
Baths	_____	
Showers	_____	
Hand Wash Basins	_____	
Laundry Facilities		
Wash Troughs	_____	
Washing Machines	_____	
Drying Cabinets or Clothes Lines	_____	

ADDITIONAL DETAILS

- (a) Lodger's meals will/will not be provided by the manager/keeper/lodgers.
- (b) The keeper will/will not reside continuously on the premises.
- (c) Name and occupation of the proposed manager, if keeper resides elsewhere:

(d) There will be _____ family members residing in the premises with the keeper/manager.

Name: _____

Signature: _____ Date: _____

APPLICATION FEE

Registration/Inspection \$250.00

Application will NOT be approved until payment has been made.

OFFICE USE

Date Paid: _____ Receipt Number: _____

Account No: 07220803 Officer's Initials: _____