

TRIM Reference: _____



APPLICATION FOR REGISTRATION OF A LODGING HOUSE

Schedule 4 – City of Greater Geraldton Health Local Law 2014

APPLICANT DETAILS

Applicant Name: _____

Address: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

LODGING HOUSE DETAILS

Business Name: _____

Address: _____

Phone Number: _____ ABN: _____

Email Address: _____

LODGING HOUSE TO BE CLASSIFIED AS *please tick which is to apply*

- | | |
|--|--|
| <input type="checkbox"/> A Lodging House | <input type="checkbox"/> A Recreational Campsite |
| <input type="checkbox"/> A Short-Term Hostel | <input type="checkbox"/> Serviced Apartments |

DESCRIPTION OF LODGING HOUSE

No. of Storey's: _____

	NUMBER	AREA
▪ Bedrooms:	_____	_____
▪ Dining Rooms:	_____	_____
▪ Kitchens:	_____	_____
▪ Laundries/Toilets/Bathrooms:	_____	_____
▪ Sitting Rooms:	_____	_____
▪ Other: <i>Specify</i> _____	_____	_____



	NUMBER	AREA
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ROOMS FOR LODGERS

- Bedrooms: _____
- Dining Rooms: _____
- Kitchens: _____
- Sitting Rooms: _____
- Other: *Specify* _____

SANITARY CONVENIENCE FOR MALE LODGERS

- Baths: _____
- Hand Wash Basins: _____
- Showers: _____
- Toilets: _____
- Urinals: _____

SANITARY CONVENIENCE FOR FEMALE LODGERS

- Baths: _____
- Hand Wash Basins: _____
- Showers: _____
- Toilets: _____

LAUNDRY FACILITIES

- Drying Cabinets or Clothes Lines: _____
- Wash Troughs: _____
- Washing Machines: _____

ADDITIONAL DETAILS

- (a) Lodger's meals will or will not be provided by the manager/keeper/lodgers.
- (b) The keeper will or 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.

APPLICATION FEE

Registration/Inspection: \$250.00

The application will NOT be approved until payment has been made.

Name: _____

Signature: _____ Date: _____

OFFICE USE

GL Account No: 5500-100058-43310 Date Paid: _____

Receipt Number: _____ Officers Initials: _____