

Record #:

REGISTRATION OF A LODGING HOUSE

Premises code:

Environmental Health Services

Health Act 1911 Health Local Law 2012

APPLICANT DETAIL	.S									
Name of proprietor(s)	/keeper:									
Postal address:	·									
Phone: Fax:				Mobile:						
Email:										
2										
LODGING HOUSE D	ETAILS									
Name of lodging hous	se:									
Premises address:										
☐ Lodging house ☐ Short term hostel ☐ Serviced apartments ☐ Transient workforce accommodation										
Will the keeper reside continuously on the premises?										
•		•								
If no, please provide name and address of manager: Number of family members residing at Maximum number of lodgers excluding										
the property with the keeper/manager keeper/manager's family members										
Will food be provided to lodgers?										
DESCRIPTION OF LODGING HOUSE										
B	- (11)			4.00	Ablutions		ıs (#)	1	(11)	
Rooms – private use	e (#)	Rooms – lodgers		(#)	М	F	Unisex	Laundry	(#)	
Bedrooms		Bedrooms				Toilets		Coppers		
Single beds		Single beds						Wash troughs		
Single bunk beds		Single bunk beds				Urina	ıls	Wash machine	s	
Double/queen/king	beds	Double/queen/king I	beds					Clothes dryers		
Dining rooms		Dining rooms			metres		metres	Clothes lines		
Kitchens		Kitchens			Baths		S	Other (specify)		
Sitting rooms	Sitting rooms Sitting rooms							Levels	(√)	
Laundry	ndry Laundry					Showers		Ground floor		
Bathroom	Bathroom							First floor		
Toilet Toilet					ŀ	Hand ba	asins	Second floor		
Other (specify)		Other (specify)						Other (specify)		
I/We declare that all details in this form are true and correct. Signature of applicant Date Once this application has been completed, please return it to the City via any of the below methods. He mail Scan and email to Fax to enquiries@karratha.wa.gov.au Mail City of Karratha In person Visit the Administration Office at										
PO Box 219 Welcome Road KARRATHA WA 6714 KARRATHA WA 6714										
		OFFICE U	JSE ON	NLY						
Payment received: Payment: \$										