

APPLICATION FOR REGISTRATION OF A LODGING HOUSE

Health Act 1911
Health Local Law 2012

APPLICANT DETAILS

Name of proprietor(s)/keeper:

Postal address:

Phone:

Fax:

Mobile:

Email:

LODGING HOUSE DETAILS

Name of lodging house:

Premises address:

☐ Lodging house ☐ Short term hostel ☐ Serviced apartments ☐ Transient workforce accommodation

Will the keeper reside continuously on the premises? ☐ Yes ☐ No

If no, please provide name and address of manager:

Number of family members residing at the property with the keeper/manager

Maximum number of lodgers excluding keeper/manager's family members

Will food be provided to lodgers? ☐ Yes ☐ No If so, who provides meals?

DESCRIPTION OF LODGING HOUSE


Rooms – private use	(#)	Rooms – lodgers	(#)	Ablutions (#)			Laundry	(#)
				M	F	Unisex		
Bedrooms		Bedrooms		Toilets			Coppers	
Single beds		Single beds					Wash troughs	
Single bunk beds		Single bunk beds		Urinals			Wash machines	
Double/queen/king beds		Double/queen/king beds					Clothes dryers	
Dining rooms		Dining rooms		_____ metres			Clothes lines	
Kitchens		Kitchens		Baths			Other (specify)	
Sitting rooms		Sitting rooms					Levels	(✓)
Laundry		Laundry		Showers			Ground floor	
Bathroom		Bathroom					First floor	
Toilet		Toilet		Hand basins			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.

 Email Scan and email to enquiries@karratha.wa.gov.au

 Fax Fax to 08 9185 1626

 Mail City of Karratha
PO Box 219
KARRATHA WA 6714

 In person Visit the Administration Office at
Welcome Road
KARRATHA WA 6714

OFFICE USE ONLY

Payment received: _____

Payment: \$ _____

Record #: _____

Premises code: _____