

APPLICATION FORM

REGISTRATION OF A LODGING HOUSE

SCHEDULE 1

For the purpose of applying in conjunction with the *Health (Miscellaneous Provisions) Act 1911* for registering a lodging house.

APPLICANT DETAILS			
Applicant Name			
Postal Address			
	Suburb		Postcode
Contact Number			
Email Address			
LODGING HOUSE DETAILS			
Name of Lodging House			
Premise Address			
	Suburb		Postcode
LODGING HOUSE CLASSIFICATION			
Lodging House			Short Term Hostel
Night Shelter			Service Apartments
LODGING HOUSE DESCRIPTION			
No. of storeys:	No. of Lodgers (excluding the manager/ keeper:		
<u>Rooms for Private Use</u>	<u>Number</u>	<u>Area (if known)</u>	
Laundries/ Toilets/ Bathrooms			
Bedrooms			
Dining Rooms			
Kitchens			
Sitting Rooms			
Other (Specify):			

<u>Rooms for Lodgers</u>	<u>Number</u>	<u>Area (if known)</u>
Bedrooms		
Dining Rooms		
Kitchens		
Sitting Rooms		
Other (Specify):		
<u>Number of Sanitary Conveniences</u>	<u>Male</u>	<u>Female</u>
Urinals		
Toilets		
Baths		
Showers		
Hand Wash Basins		
<u>Number of Laundry Facilities</u>		
Wash Trough (minimum size 36L)		
Washing Machines (minimum 4kg)		
Drying Cabinets		
Clothes Lines (minimum 30 metres)		m
ADDITIONAL DETAILS		
Lodgers' meals will be provided by the Manager/ Keeper/ Lodgers	Yes	No
Room used by the Keeper/ Manager		
Number of Family members of Keeper/ Manager residing on premise		
DECLARATION		
<p>I declare as the Applicant, all the information supplied on this form is true and correct.</p> <p>I apply to register the above mentioned premise as a lodging house and for my name to be entered in the Register as the Keeper/ Manager of the lodging house.</p> <p>I understand that, as the Keeper/ Manager, I must reside continuously on the premise.</p> <p>I understand that the City will action this form within 15 working days.</p>		
Signed		Date:

Fees: As indicated in the City's Schedule of Fees and Charges

COA: 22010193

Receipt Number: _____