

Shire of Esperance

Application for Registration of a Lodging House



DETAILS OF APPLICANT

NAME OF APPLICANT/S

RESIDENTIAL ADDRESS

PHONE (HOME)

PHONE (WORK)

MOBILE

EMAIL ADDRESS

Hereby apply for registration of premises known as

LODGING HOUSE PREMISE NAME

PREMISES NAME

Situated at:

LOT NO:

STREET NUMBER

STREET NAME

LOCALITY

As a Lodging House to be classified as

<input type="checkbox"/> lodging house	<input type="checkbox"/> short term hostel	<input type="checkbox"/> recreational campsite	<input type="checkbox"/> serviced apartments
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MANAGERS NAME/S

and for

to be entered in the Register as the keeper of a lodging house

DESCRIPTION OF LODGING HOUSE

Number of Storeys <input type="checkbox"/> Single <input type="checkbox"/> Double	NUMBER	AREA
Rooms for Private Use		
Laundries/toilets bathrooms		
Bedrooms		
Dining Rooms		
Kitchens		
Sitting Rooms		
Other (please specify)		
Rooms for Lodgers		
Bedrooms		
Dining rooms		
Sitting Rooms		
Other (please specify)		

DESCRIPTION OF LODGING HOUSE (continued...)

	NUMBER	AREA
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		
Dryers or Clothes Lines		
Additional Details		
(a) Lodgers meals will be provided by the: <input type="checkbox"/> Manager <input type="checkbox"/> Keeper <input type="checkbox"/> Lodger		
(b) The Keeper <input type="checkbox"/> Will <input type="checkbox"/> Will not reside continuously on the premises		
(c) Name and occupation of proposed Manager if keeper resides elsewhere:		
(d) There will be _____ family members residing on the premises with the manager/keeper		
(e) The maximum number of lodgers on the premises shall not exceed _____		

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY

Date Received:	Assessment No:
Application No:	Trim Reference: