



CITY OF VINCENT

REGISTRATION OF A LODGING HOUSE

Please return to:
Health Services
PO Box 82, LEEDERVILLE, 6902
Telephone: (08) 9273-6533
Facsimile: (08) 9273-6099
E-mail: mail@vincent.wa.gov.au

To: Chief Executive Officer
Attn: Manager, Health Services

I/We, _____
(Applicant's full personal name in block letters, a company name alone cannot be accepted)

of _____

(Residential Address of Applicant/s)

apply for the registration of premises situated (or to be situated) at _____

My lodging house best fits the following description:

- A shared house
- A short term hostel; or
- Serviced Apartments

and for my name to be entered in the Register as the keeper of the lodging house.

DESCRIPTION OF LODGING HOUSE

Number of storey's: _____

Rooms for private use

	Number	Floor Area (m ²)
Laundries/toilets/bathrooms	_____	_____
Bedrooms	_____	_____
Dining Rooms	_____	_____
Kitchens	_____	_____
Sitting Rooms	_____	_____
Other (Specify)	_____	_____



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DESCRIPTION OF LODGING HOUSE (continued)

<u>Rooms for lodgers</u>	Number	Floor Area (m ²)
Bedrooms	_____	_____
Dining Rooms	_____	_____
Kitchens	_____	_____
Sitting Rooms	_____	_____
Other (Specify)	_____	_____

<u>Sanitary Conveniences for lodgers</u>	Male	Female
Toilets	_____	_____
Urinals	_____	N/A
Baths	_____	_____
Showers	_____	_____
Hand wash basins	_____	_____

Laundry Facilities

Wash troughs _____

Washing machines _____

Drying cabinets or clothes lines _____

Additional Details (strike out non-relevant options)

(a) Lodgers' meals will be provided by the manager/keeper/lodgers.

(b) The keeper will/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 keeper/manager.

Dated this _____ day of _____ 2_____ _____
(Signature of Applicant/Director)

Ph: _____ Fax: _____ Mob: _____

E-mail: _____

Postal address (if different to premises address): _____