



**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](mailto: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 <sup>2</sup> )
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 <sup>2</sup> )
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	_____	_____
 <u>Laundry Facilities</u>		
Wash troughs	_____	
Washing machines	_____	
Drying cabinets or clothes lines	_____	
 <u>Additional Details</u> (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): _____		