

APPLICATION FORM

RENEWAL OF REGISTRATION OF A LODGING HOUSE

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

APPLICANT DETAILS			
Applicant Name			
Postal Address			
	Suburb		Postcode
Contact Number			
Email Address			
LODGING HOUSE DETAILS			
Name of Lodging House			
Registered in the Name of			
Premises Address			
	Suburb		Postcode
Name of the Keeper			
Contact Number**			
Name of the Manager (if different to Keeper)			
Contact Number			
Total Number of Rooms			
Total Number of Lodgers			
DECLARATION			
<p>I declare as the Applicant, all the information supplied on this form is true and correct.</p> <p>I understand that the City will action this form within 15 working days.</p>			
Signed		Date:	

****The Keeper/ Manager is required to be contactable 24/7 for the purpose of having care and managing the lodging house as per the *City of Kalgoorlie-Boulder Consolidated Health Local Laws 2001*.**