

APPLICATION FORM

NOTICE OF CHANGE OF OWNERSHIP OF A LODGING HOUSE

SCHEDULE 3

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			
Role of Applicant			
Postal Address			
	Suburb		Postcode
Contact Number			
Email Address			
LODGING HOUSE DETAILS			
Name of Lodging House			
Registered in the Name of			
New Trading Name (If Applicable)			
Premise Address			
	Suburb		Postcode
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:	