

**Schedule 7  
City of Armadale  
Health Act 1911**

**APPLICATION FOR REGISTRATION OF A LODGING HOUSE**

<b>Applicant(s) Details</b>	
Given Name	Family Name
Residential Address	
	Post Code
Given Names	Family Name
Residential Address	
	Post Code
Given Names	Family Name
Residential Address	
	Post Code
Telephone (Day)	Mobile Phone
Facsimile	Email
<b>Business Details</b>	
Name of lodging house (if applicable)	
Location of lodging house	
	Post Code
Telephone	Email

**Classification of lodging house:**

- |  |  |
|--|--|
| <input type="checkbox"/> Lodging House     | <input type="checkbox"/> Recreational Campsite |
| <input type="checkbox"/> Short Term Hostel | <input type="checkbox"/> Serviced Apartments   |

Number of storeys \_\_\_\_\_

**Will the keeper reside continuously on the premises?**

- Yes                       No - Name & Occupation of proposed Manager

\_\_\_\_\_

\_\_\_\_\_

Number of family members residing on the premises with keeper/manager \_\_\_\_\_

<b>Rooms for Lodgers</b>	<b>No. of Rooms</b>	<b>Area</b>
Bedrooms		
Dining Rooms		
Kitchens		
Sitting Rooms		
Others (specify)		
Laundries/Toilets/Bathrooms		

<b>Rooms for private use</b>	<b>No. of Rooms</b>	<b>Area</b>
Bedrooms		
Dining Rooms		
Kitchens		
Sitting Rooms		
Other (specify)		
Laundries/Toilets/Bathrooms		

<b>Laundry Facilities</b>	<b>Number</b>
Wash Troughs	
Washing Machines	
Drying Cabinets	
Clothes Lines	

<b>Sanitary Facilities for Female Lodgers</b>	<b>Number</b>	<b>Sanitary Facilities for Male Lodgers</b>	<b>Number</b>
		Urinals	
Toilets		Toilets	
Baths		Baths	
Showers		Showers	
Wash-hand Basins		Wash-hand Basins	

Meals for lodgers provided by:-

**Manager**       **Lodgers**       **Keeper**

**Fee and Signature**

Application Fee \$

\_\_\_\_\_  
Signature of Applicant

\_\_\_/\_\_\_/\_\_\_ Date

*Please forward your completed form and application fee to Council's Office*

Office Use Only

Receipt No:

Date: