

Schedule 6
 City of Busselton
Health Act 1911
 Health Local Laws

APPLICATION / RENEWAL FOR REGISTRATION OF A LODGING HOUSE

To: Chief Executive Officer
 City of Busselton

I /we,

.....
(Full Name in Applicant/s)

of

.....
(Residential Address of Applicant/s)

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

.....Phone:

as a lodging house to be classified as -

- a lodging house
 - a short term hostel
 - serviced apartments
 - a recreational campsite
- (Specify which is to Apply)

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

Description of Lodging House

Rooms for private use:

	NUMBER	AREA
Laundries / toilets / bathroom	_____	_____
Bedrooms	_____	_____
Dining Rooms	_____	_____
Kitchens	_____	_____
Sitting Rooms	_____	_____
Other (specify)	_____	_____

Rooms for Lodgers

	NUMBER	AREA
Bedrooms	_____	_____
Dining Rooms	_____	_____
Kitchens	_____	_____
Sitting Rooms	_____	_____
Other (specify)	_____	_____

Sanitary Conveniences for Male Lodgers:

	NUMBER
Toilets	_____
Urinals	_____
Baths	_____
Showers	_____
Wash hand basin	_____

Sanitary Conveniences for Female Lodgers:

NUMBER

Toilets	_____
Baths	_____
Showers	_____
Wash hand basin	_____

Laundry Facilities

Coppers	_____
Wash troughs	_____
Washing machines	_____
Drying cabinets (or)	_____
Clothes lines	_____

Additional Details:

- (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.
- (e) There will be lodgers as a maximum number residing on the premises at any one time.

Application fees of \$.....is attached.

.....
Signature of Applicant

.....
Date

Name of Lodging House:.....

FEES FOR RENEWAL OF REGISTRATION OF LODGING HOUSES

Up to 14 lodgers residing on premises	\$255
15 lodgers or more residing on premises	\$368

FEES FOR NEW REGISTRATION OF LODGING HOUSES

Up to 14 lodgers residing on premises	\$385
15 lodgers or more residing on premises	\$550

PAYING BY CREDIT CARD					
Please complete this authority and return it to: CITY OF BUSSELTON, Locked Bag 1, BUSSELTON WA 6280					
TICK <u>ONE</u> BOX	<div style="display: flex; align-items: center; gap: 10px;"> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div> <p style="font-size: small; margin-top: 5px;">The City of Busselton does not accept Diners Club International or American Express Credit Cards.</p>				
CARD NUMBER	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
EXPIRY DATE	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="width: 5%; text-align: center;">/</td> <td style="width: 65%;"></td> </tr> </table>		/		
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AMOUNT	\$ _____ Invoice No: 1003391				
CARD HOLDER'S NAME	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr><td style="width: 100%;"></td></tr> </table>				
CARD HOLDER'S SIGNATURE	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr><td style="width: 100%;"></td></tr> </table>				
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	DATE				