**Shire of Merredin**

**Health Act 1911**

**APPLICATION FOR REGISTRATION OF A LODGING HOUSE**

**To: Chief Executive Officer, Shire of Merredin**

I/We,

*(Full name of Applicant/s)*

of

*(Residential Address of Applicant/s)*

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

as a lodging house to be classified as –

* a lodging house;
* a short term hostel;
* recreational campsite; or
* serviced apartments

(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 (site and floor plan to be submitted with application)**

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

Rooms for private use

Number Area

Laundries/toilets/bathrooms \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Bedrooms \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Dining Rooms \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Kitchens \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Sitting Rooms \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Other Rooms (specify) \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Rooms for lodgers**

Number Area

Bedrooms \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Dining Rooms \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Kitchens \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Sitting Rooms \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**Sanitary Conveniences for male lodgers**

Number

Toilets \_\_\_\_\_\_\_\_\_\_\_\_\_

Baths \_\_\_\_\_\_\_\_\_\_\_\_\_

Showers \_\_\_\_\_\_\_\_\_\_\_\_\_

Wash hand basins \_\_\_\_\_\_\_\_\_\_\_\_\_

**Laundry Facilities**

Number

Coppers \_\_\_\_\_\_\_\_\_\_\_\_\_

Washtroughs \_\_\_\_\_\_\_\_\_\_\_\_\_

Washing machines \_\_\_\_\_\_\_\_\_\_\_\_\_

Drying cabinets \_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

Application fee of $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attached.

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*(Signature of Applicant’s)*

(Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_