

**SHIRE OF BROOME HEALTH LOCAL
LAWS SCHEDULE 8 (CLAUSE 148)
HEALTH ACT 1911**



**APPLICATION FOR REGISTRATION OF A
LODGING HOUSE**

To: Chief Executive Officer
Shire of Broome

I/We _____
(ie, owners full name or Company name)

of full residential address _____

postal address: _____

contact details: phone: _____ mobile: _____

fax: _____ email: _____

apply for the registration of the following premises:

Trading name: _____

Located at: _____

Which is: New Premises/Building Existing Premises/Building

And classified as:

- a lodging house;
- a short term hostel;
- a night shelter;
- serviced units/apartments;
- self contained units/apartments;
- Other, please specify: _____

and for _____
to be entered in the Register as the Keeper of the Lodging House.

Please note the manager of the premises will be:

as per Register as the Keeper listed above, or _____

Please complete the following pages, which give descriptions of the lodging house.

SHIRE USE

Paid	
Receipt No	
Debtors No	
Synergy No	

Office use	FILE:	ACTION OFFICER
ACTION	Noted	Responded
RECORD NO		
FURTHER REFERRAL ACTION OFFICER ACTION REQUIRED	NOTE OR RESPOND	Already Received by EMAIL / FAX

DESCRIPTION OF LODGING HOUSE

Number of storeys	
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ROOMS FOR PRIVATE USE (KEEPER OR MANGER RESIDING ON SITE)

Keeper or Manager will be in a house/apartment with own bathroom, laundry, kitchen and living areas:

Yes/No

If Yes number of bedrooms:

If No, please fill in table below

Area	Number and comments (if any)
Bedrooms	
Bathroom/s and toilet/s	
Laundries	
Kitchens	
Living areas	
Other (Specify)	

LODGERS

Do all the units/apartments have their own bathroom, laundry, kitchen and living areas

Yes/No

If Yes fill in Tables A

If No, fill in Tables A, B, C, D

Table A - Bedrooms

Total number of units or bedrooms	
Type of units/beds	Number of units
<i>Eg 2 bedroom unit with 1 room double bed, 1 room 2 single beds</i>	5
<i>Dormitory with 5 bunk beds and 1 single bed (total 11 beds)</i>	2

Table B – General (shared facilities)

If there is more than one of these facilities, please list each one eg sitting rooms, number 2, area 1 - 10 x 8m, 1 - 10 x 5m

Area	Number	Area
Kitchens		
Dining Rooms		
Sitting Rooms		
Other (Specify)		

Table C – Sanitary Conveniences

Do all units/bedrooms have own sanitary conveniences	Yes/No If yes – table C completed
How many units/bedrooms have own sanitary conveniences	

How many sanitary convenience blocks are there for:	Males	
	Females	
	Shared	

For each block illustrate the number of facilities provided, if needed turn over to illustrate more

Conveniences	MALES		FEMALES		SHARED	
Toilets						
Urinals			N/A	N/A		
Baths						
Showers						
Wash hand basins						

Table D - Laundry Facilities

How many laundry blocks are on the property for lodgers use

For each block illustrate the number of facilities provided, if needed turn over to illustrate more

Facility			
Wash troughs (sinks)			
Washing machines			
Drying cabinet			
Clothes lines (length of line)			

SWIMMING POOL

Swimming Pool on property	YES / NO
If yes, pool used by lodgers	YES / NO

Additional Details (cross out as required)

- (a) Lodgers’ meals will be provided by the manager/keeper/lodgers.
- (b) The keeper/Manager (as listed on first page) will reside continuously on the premises.
- (d) There will be _____ family members on the premises with the keeper/manager.

Signature of Applicant

Date