

APPLICATION/RENEWAL – REGISTRATION OF A LODGING HOUSE

Schedule 1 - City of Canning Health Local Laws 1998 - Clause 99

2020/2021

APPLICANT DETAILS		
Applicant/s Full Name:		Date of Birth
Applicants Postal Address:		
Mobile:	Home:	Work:
Email:		ABN:
APPLICANT DECLARATION		
I/We declare that all details in this form are true and correct.		
Signature of Applicant:		Date:

PROPERTY DETAILS	
Trading Name:	
Lodging House/Premises Address:	
Request for Facility to be classified as: <input type="checkbox"/> Lodging House <input type="checkbox"/> Short Term Hostel <input type="checkbox"/> Services Apartments	Number of Storeys:

Rooms for Private use:			Rooms for Lodger use:		
	Number	Area (m2)		Number	Area (m2)
<input type="checkbox"/> Bedrooms	<input type="checkbox"/> Bedrooms	.....	.....
<input type="checkbox"/> Dining Rooms	<input type="checkbox"/> Dining Rooms	.....	.....
<input type="checkbox"/> Kitchens	<input type="checkbox"/> Kitchens	.....	.....
<input type="checkbox"/> Sitting Rooms	<input type="checkbox"/> Sitting Rooms	.....	.....
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	.....	.....

Sanitary Conveniences for male lodgers		Sanitary Conveniences for female lodgers	
	Number		Number
<input type="checkbox"/> Toilets	<input type="checkbox"/> Toilets	.....
<input type="checkbox"/> Urinals	<input type="checkbox"/> Baths	.....
<input type="checkbox"/> Baths	<input type="checkbox"/> Showers	.....
<input type="checkbox"/> Showers	<input type="checkbox"/> Hand wash basins	.....
<input type="checkbox"/> Hand wash basins		

ADDITIONAL DETAILS	
Will lodger's meals be provided by the manger/keeper/lodger? Please provide details:	
Will the keeper reside continuously on the premises?	
Name and occupation of proposed manager if keeper resides elsewhere:	
How many family members will reside on the premises with the keeper/manager?	
I acknowledge that payment of Annual Registration fee \$200 (this will be invoiced upon application). Applications are not deemed received by the City until payment has been made in full	✓ / ✗
Applications should be submitted no less than 10 working days prior to the required approval date . Applications are not deemed received by the City until all documentation has been correctly completed/provided to the City	✓ / ✗

Please submit completed applications to healthapplications@canning.wa.gov.au
In Person at City of Canning 1317 Albany Highway CANNINGTON
Or Via Post to Locked Bag 80, WELSHPOOL WA 6986