



APPLICATION FOR REGISTRATION OF A LODGING HOUSE

To: City of Gosnells
2120 Albany Highway
GOSNELLS WA 6110

I/We hereby apply to register a lodging house to operate within the boundaries of the City of Gosnells and for my name to be entered in the register as keeper of the lodging house. I/We are aware of the conditions that apply to such a licence and the requirements imposed by the City of Gosnells Health Local Laws relating to lodging houses. All details provided are true and correct.

_____/_____/_____ Date Signature of Applicant (s)

APPLICANTS DETAILS

Form with fields: Name of Applicant/s (in full), Postal Address, Residential Address, Telephone (Home), (Mobile), Fax, (Business), E-mail, Proof of ID, Drivers Licence No, Expiry Date, Date of Birth, Other (eg: passport, photo id), #, Police Clearance (WA, National), Date, Sited? No/Yes, #, Have you been convicted of any offence (s) related to lodging houses in the past 5 years? No/Yes, If so, when.

LODGING HOUSE DETAILS

Form with fields: Type (specify): Lodging House, Short Term Hostel, Serviced Apartments, Name of Lodging House (in full), Postal Address, Street Address, Telephone (Business), (Mobile), Fax, Internet Web, E-mail, Registered Business Name, AUS (ASIC) Year, ABN, WA (DOCEP) Year, BN, Are you a member of a Trade or Industry Association? No/Yes, Name, Do you participate in a "Quality Accreditation" or "star rating" program? No/Yes, Name, Open - Days/Hours, Liquor Licence Issued: No/Yes, Type.



LODGING HOUSE DESCRIPTION

Levels: Ground Floor <input type="checkbox"/>	1 st Floor <input type="checkbox"/>	2 nd Floor <input type="checkbox"/>	3 rd Floor <input type="checkbox"/>	Other <input type="checkbox"/> specify:
Including: Swimming pool/spa <input type="checkbox"/> Patio/bbq area <input type="checkbox"/> Garden <input type="checkbox"/> Other <input type="checkbox"/> specify:				
Connected to sewer? Yes <input type="checkbox"/> No <input type="checkbox"/>			Floor plan of premises attached: No <input type="checkbox"/> Yes <input type="checkbox"/>	
Disabled accessible? No <input type="checkbox"/> Yes <input type="checkbox"/>			On-site First Aid? <input type="checkbox"/> nil <input type="checkbox"/> basic <input type="checkbox"/> advanced	
Fire safety assessment? No <input type="checkbox"/> Yes <input type="checkbox"/> Date:			Fire Evacuation Plan attached: No <input type="checkbox"/> Yes <input type="checkbox"/>	
Who will be responsible for providing meals? Keeper <input type="checkbox"/> Manager <input type="checkbox"/> Cook <input type="checkbox"/> Lodgers themselves <input type="checkbox"/>				
Will the Keeper reside continuously on the premises? Yes <input type="checkbox"/>			No <input type="checkbox"/>	
Number of family members residing with the Keeper or the Manager at the property?			Number:	
In the absence of the Keeper, who will manage the lodging house?				

Insert Manager details below:

Name of Manager/s (in full):			
Residential Address:			
Telephone: (Home):	(Mobile):	Fax:	
(Business):	E-mail:		
Proof of ID	Drivers Licence No:	Expiry Date:	Date of Birth:
or Other: (eg: passport, photo id)		# :	

FACILITIES – PRIVATE USE (NO ACCESS TO LODGERS)

FLOOR LEVEL (SPECIFY) :								
Provision	Number	Area (m ²)	Provision	Number	Area (m ²)	Provision	Number	Area (m ²)
Dining:			Lounge:			Bedroom:		
Kitchen:			Sitting room:			Bedroom:		
Laundry:			Bathroom:			Bedroom:		
Toilet:								
Are smoke detectors installed? No / Yes								
Comment:								



FACILITIES – LODGER ACCESS and ACCOMMODATION

(ONE PAGE PER LEVEL)

FLOOR LEVEL (SPECIFY) :				
Provision	Number	Dimensions (L x W x H)	Area (m ²)	Facilities – number & type of each appliance
Dining room:				
Kitchen:				(fridge, microwave, oven, stove)
Laundry:				(washing machine, dryer, wash troughs)
Lounge/TV Room:				
Sitting room:				
Other:				

Bedrooms	Room Number	Dimensions (L x W x H)	Area (m ²)	En-suite	Comment

Sanitary Conveniences	number	w/c	Urinals	Hand basins	S/napkin	Shower	Bath	Other
Toilets - Male:								
Toilets - Female:								
Toilets - Disabled (unisex)								
Bathroom - Male:								
Bathroom - Female:								

*Please forward your completed form and application fee to the City of Gosnells,
 2120 Albany Highway, Gosnells WA 6110 or by mail to PO Box 662, Gosnells WA 6990
 [For clarification or assistance please contact City of Gosnells Health Services 9397 3021]*

OFFICE USE ONLY			
Fee:	Inspection date:	Officer:	
Application: APPROVED / REFUSED		Works required: No / Yes – file ref:	
DATE	RECEIPT NO.	AMOUNT PAID	CASHIERS I.D.