

## Shire of Coolgardie **Application for Registration of a Lodging House**

APPLICANT DE NAME OF APPLICAN		.S							
RESIDENTIAL ADDR	RESS								
PHONE (H)			PHONE (W)			MOBILE			
EMAIL ADDRESS									
PREMISES NAME  PREMISES ADDRES  TO BE CLASSIFIED and lodging house  AND FOR (name)	AS:	short term hostel	☐ recreational campsite	TO	serviced apart		# of bays		ER OF
Rooms for Private	Use							Number	Area
Laundries/toilets/bat	throom	ns							
Bedrooms									
Dining Rooms									
Kitchens									
Sitting Rooms									
Other (please specif	fy)								
Rooms for Lodgers	S							Number	Area
Bedrooms									
Dining Rooms									
Sitting Rooms									
Other (please speci	fv)							1	1



## **LODGING HOUSE DESCRIPTION (continued)**

Sanitary Conveniences for Male Lodgers	Number	Area							
Toilets									
Urinals									
Baths									
Showers									
Hand Wash Basins									
Sanitary Conveniences for Female Lodgers	Number	Area							
Toilets									
Baths									
Showers									
Handwash Basins									
Laundry Facilities	Number	Area							
Wash Troughs									
Washing Machines									
Dryers or Clothes Lines									
Lodger  (2) The Keeper (please circle) WILL / WILL NOT continuously reside on the premises. If WILL NOT is selected, please occupation of proposed Manager:	ease provide	name and							
(3) There will be family members of the manager/keeper residing on the premises									
(4) The maximum number of lodgers on the premises will not exceed									
SIGNATURE DATE									
OFFICE USE ONLY									

P: (08) 9080 2111

RECEIVED BY

FEE DUE : As per current Shire schedule of fees.

E: health@coolgardie.wa.gov.au

DATE RECEIVED

RECORD NUMBER