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8.00am - 4.00pm MON - FRI

Application for Registration or Renewal of A Lodging House

HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911
SHIRE OF WYNDHAM EAST KIMBERLEY HEALTH LOCAL LAWS 2003

Facility Name or Proposed Name:

ABN:

Owner Details

Name				Email		
Postal Address						
Phone			A/H			Fax
Contact Person						
Signature					Date	

Property Details

Lot			House			Location		
Street				Suburb				
Nearest Intersection								
Assessment No.			Diagram / Plan No.			Folio No		
Certificate of Title Vol. No.								
Title Encumbrances (If any)								

Lodging House is classified as

A Lodging House	<input type="checkbox"/>	Services Apartments	<input type="checkbox"/>
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Declaration of Lodging House

Number of building storeys:			
ROOMS FOR PRIVATE USE	Number		Number
Laundries/bathrooms/toilets		Bedrooms	
Dining Rooms		Kitchens	
Detail Sitting Rooms		Other:	

Declaration of Lodging House (Continued)

ROOMS FOR LODGERS	Number		Number
Laundries/bathrooms/toilets		Bedrooms	
Dining Rooms		Kitchens	
Detail Sitting Rooms		Other:	
Sanitary conveniences for MALE Lodgers	Number		Number
Toilets		Urinals	
Baths		Showers	
Hand Wash Basins		Other:	
Sanitary conveniences for FEMALE Lodgers	Number		Number
Toilets		Showers	
Hand Wash Basins		Baths	
Laundry Facilities	Number		Number
Coppers		Wash troughs	
Washing Machines		Dryers	
Clothes Lines		Drying Cabinets	

Additional Details (Please circle)

(a) Lodgers meals will be provided by the **Manager / Keeper / Lodgers**

(b) The Keeper **will / will not** reside continuously on the premises

(c) Name the occupation of Proposed Manager if the Keeper resides Elsewhere:

Max number of Occupants overnight:

Declaration

(Making a false statement may be an offence)

Construction/extension/alteration of which was completed on: In accordance with approval given on:

Signature of applicant/s: Date:

Signature of applicant/s:Date:

OFFICE USE ONLY

Date Received	
Fees to be Paid	
Receipt No	
General Ledger Account	1070414
EHO Approved	

Document No:	
Officer	
Response	
File	PH.12.4
License Issued	