

Lodging House Application for Registration

Health Local Laws 1999

Please complete all details		
I/We (full names):		
Address:		
Phone Number:	H:	M:
Email Address:		
Hereby apply register a Lodging House at:		
Nominated Manager to live on site:		
Maximum number of lodgers to be accommodated at any one time:		
Applicant's Signature:	Date Signed:	
Signatories' Names:		

An invoice will be issued upon receipt of your application.