



Application for Transfer of Registration of Lodging House

Health Act 1911 WA - Lodging Houses

Current Proprietor

Name/s _____

Postal address: _____

Postcode: _____

Phone number: Home: _____ Work: _____ Mobile: _____

Email address: _____

Fax: _____

New Proprietor

Name/s: _____

Postal address: _____

Postcode: _____

Phone number: Home: _____ Work: _____ Mobile: _____

Email address: _____

Fax: _____

Business Details

Trading name: _____

Address: _____

Postcode: _____

Australian Business Number (ABN): _____

Type of Prescribed accommodation: _____

Number of bedrooms available for occupiers on payment of consideration:

the proprietor/s of this prescribed accommodation hereby apply under the *Health Act 1911* to transfer the registration to -

Current proprietor/s signature: _____

Name/s: Date: ____/____/____

New proprietor/s signature: _____

Name/s: Date: ____/____/____

Fee Due: \$ 100.00

Office Use Only:

Reference Number: LC/ENV/PP/ _____

Method of Payment: Cash. Cheque ____ Eftpos ____ Card ____

Amount Paid: \$ _____ Receipt Number: _____

Receipt Date: ____/____/____

Privacy Statement –

The Halls Creek Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property. When information is given out, Council will always try to make sure your privacy is protected in line with the Privacy and Data Protection Act 2014. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 08 9168 6007 or e-mail hcshire@hcshire.wa.gov.au

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