

# APPLICATION FORM – REGISTRATION OF A BED AND BREAKFAST



1. Applicant Details			
Applicant name:			
Postal address:			
Suburb:		Postcode:	
Mobile:		ABN/ACN:	
Email:			

2. Details of application		
Location of premises:		
Maximum number of boarders to be accommodated:		
<i>Please complete room details below: (Floor plan must be submitted with application)</i>		
	Room 1	Room 2
Room name as indicated on floor plan		
Measurement of room in Metres, Length, Width, Height		
Total cubic capacity in metres (m <sup>3</sup> )		
Measurements of furniture to be placed in room (bed, cupboard, drawers etc)		
Useable cubic capacity in metres (m <sup>3</sup> )		
No. of boarders proposed		

3. Fees	
Bed and Breakfast application fee	<b>\$55</b>
Food Certificate of Registration	<b>\$30</b>

4. Declaration
<p>I, _____ (name of applicant) hereby make application of the registration of the above premises as a bed and breakfast and the entry of my name as the keeper thereof.</p> <p>Signature of Applicant: _____ Date: _____</p>

Submission of application forms and associated documents to be made by post, email or in person at the City's Administration office – Civic Boulevard Rockingham.

Email: [customer@rockingham.wa.gov.au](mailto:customer@rockingham.wa.gov.au)

Post: PO Box 2142  
ROCKINGHAM DC WA 6967

*Applications received by email or post will be contacted by phone for payment via credit card.*