



**Application to Register Category 1 Aquatic Premises**

**Fee: \$400**

**Public Health & Wellbeing Act 2008**

**Premises Details**

Trading name of aquatic facility: \_\_\_\_\_

Type of premises: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Proprietor Details**

Type:  Company  Sole Trader  Partnership

If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s:

Name/s: \_\_\_\_\_

ABN/ACN: \_\_\_\_\_

Postal address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Aquatic Facility Operator**

If you are the proprietor of an aquatic facility, are you also the aquatic facility operator?  Yes  No

If no, please provide details of the aquatic facility operator:  Company  Sole Trader  Partnership

If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s:

Name/s: \_\_\_\_\_

Company Contact: \_\_\_\_\_ ABN/ACN: \_\_\_\_\_

Postal address: \_\_\_\_\_

Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Aquatic Facility Type:**

- |  |   |
|--|---|
| <input type="checkbox"/> Public pool   | <input type="checkbox"/> Public Spa                                     |
| <input type="checkbox"/> Public Interactive water feature  | <input type="checkbox"/> Early childhood/school/educational institution |
| <input type="checkbox"/> Residential aged care   | <input type="checkbox"/> Public or Private Hospital                     |
| <input type="checkbox"/> Multi-purpose service (health services, aged care services, community services, hydrotherapy) | <input type="checkbox"/> Swim School                                    |
| <input type="checkbox"/> Other (please specify): _____   |   |

**Number of aquatic facilities on site:**

Number of pools (outdoor): _____		Number of pools (indoor): _____	
Description (i.e. swimming, diving, hydrotherapy, wading): _____		Description (i.e. swimming, diving, hydrotherapy, wading): _____	
Number of spas (outdoor):	_____	Number of spas (indoor):	_____
Number of interactive water features:	_____	Number of other aquatic facilities:	_____

Does the premises have a current Water Quality Risk Management Plan?  Yes  No

**Declaration**

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge; and that this application forms a legal document and penalties exist for providing false or misleading information.

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print names(s). If the business is owned by a company or association – the applicants on behalf of that body must sign and print.

Registered proprietor's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

**Privacy Statement**

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, [mrsc.vic.gov.au/privacy](http://mrsc.vic.gov.au/privacy) and available for inspection at or collection from Council's customer service centres.

**Payment and lodgement options**

- **In person:** present this form and payment (cash, cheque, EFTPOS or credit card) at one of our customer service centres.
- **By phone:** Call and pay over the phone on 5422 0333.
- **By Mail:** cheque or money order – payable to Macedon Ranges Shire Council. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.