|  |  |
| --- | --- |
| MRSC logo MS Word cropped.jpg | **Environmental Health**Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – www.mrsc.vic.gov.au |

 **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:**

|  |  |
| --- | --- |
| [ ]  Public pool | [ ]  Public Spa |
| [ ]  Public Interactive water feature | [ ]  Early childhood/school/educational institution |
| [ ]  Residential aged care  | [ ]  Public or Private Hospital  |
| [ ]  Multi-purpose service (health services, aged care services, community services, hydrotherapy) | [ ]  Swim School  |
| [ ]  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](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) 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.