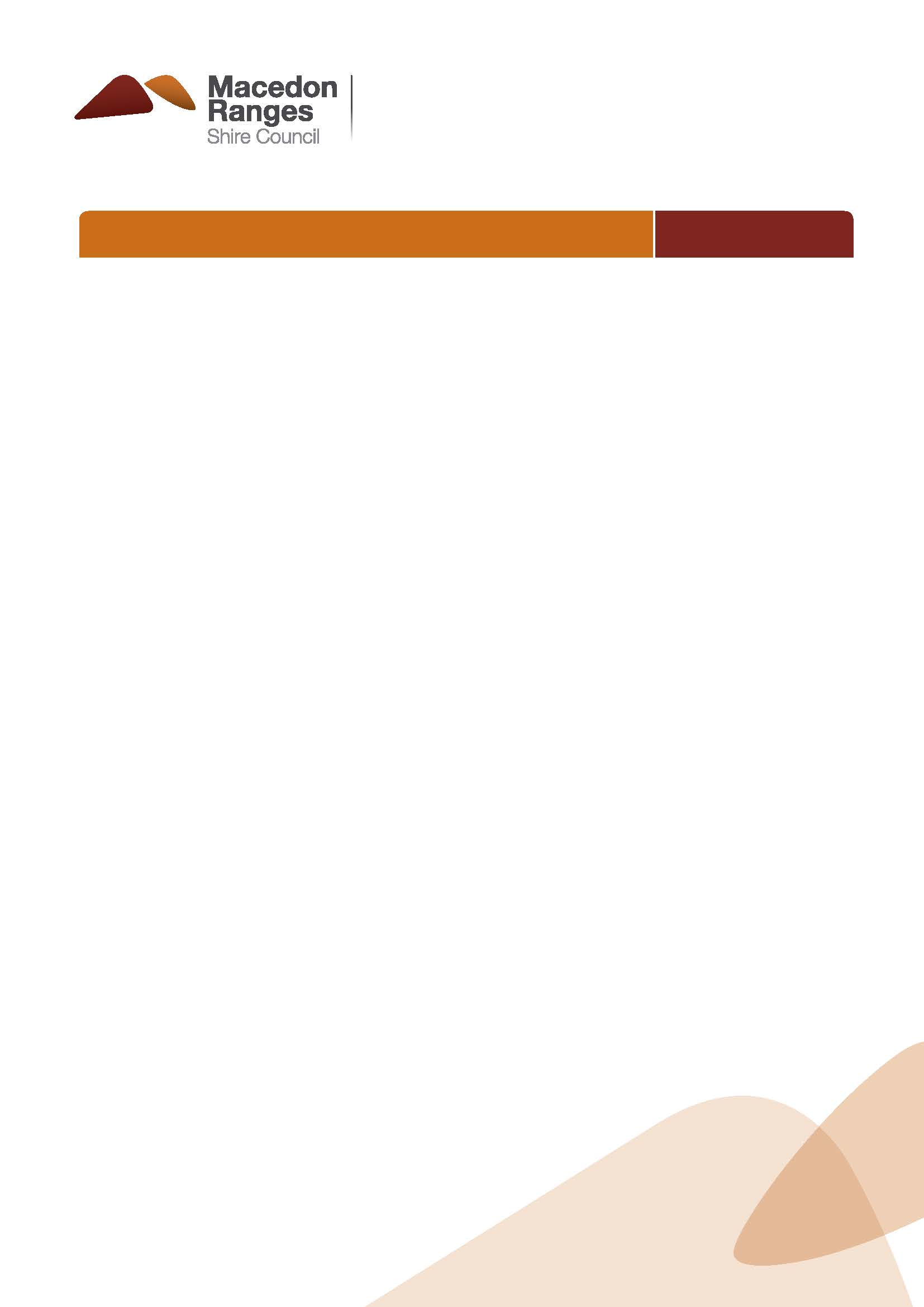
|  |  |
| --- | --- |
| MRSC logo MS Word cropped.jpg | **Environmental Health**  Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – www.mrsc.vic.gov.au | |

 **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.