I/We, the undersigned, hereby apply to registerunder the provisions of the *Public Health and Wellbeing Act 2008* the premises described below with Moorabool Shire Council. Please be aware that Council’s registration fees are pro rata and may differ depending on when the application form is submitted to Council.

|  |  |
| --- | --- |
| **Fee:**  *All new applications will incur an establishment fee of $150.* | $246.00 |

**PROPRIETOR AND BUSINESS DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tick one of the following to indicate the operational structure of the business:   |  | | --- | | Sole trader  Partnership  Company  Incorporated association | | | | |
| **Name of proprietor:** |  | | |
| **Trading name:** |  | | |
| **ABN/ACN:** |  | | |
| **Applicant’s contact details:** | Phone: | | Mobile: |
| Email: | | |
| **Pool manager** **(if different from proprietor):** |  | | | |
| **Pool manager’s details:** | Phone: | Mobile: | | |
| Email: | | | |
| **Business address:** |  | | | |
| **Postal address:** |  | | | |
| **Number of aquatic facilities: (include a description of the facility eg. 1 main pool and 1 toddler pool**) | Indoor: | Outdoor: | | |
| **Do you have a Water Quality Risk Management Plan?** | Yes No | | | |
| **Do you require a visit from Council’s Environmental Health Team in setting up and understanding the Water Quality Risk Management Plan?** | Yes No | | | |

**REGISTRATION CHECKLIST**

|  |
| --- |
| I have contacted all the following before submitting this application to the Environmental Health Team:  **Council’s Statutory Planning Department:** new/existing permits, change of use.  **Council’s Building Department:** fit out of proposed structural changes.  **Council’s Community Safety Department:** A-frame signage. |

**DECLARATION**

I understand and acknowledge that upon paying the registration fee for this premise that:

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

|  |  |  |
| --- | --- | --- |
| **Proprietor signature:** |  |  |
| **Name:** |  |  |
| **Position:** |  |  |
| **Date:** |  |  |

For payments, Council will generate an invoice after receiving your application. Please be aware that invoices can take up to 5 business days to be generated. Once you have received your invoice, payment can be made via the following options:

* Post bill pay
* B-pay
* Cheque
* Over the phone with Council’s Customer Service on 5366 7100
* In person at one of the Council offices (Ballan, Darley, or Lerderderg Library)

**PRIVACY STATEMENT**  
*Your personal information is being collected by Moorabool Shire Council for the purpose of registering your public health business as required the Public Health and Wellbeing Act 2008. Your information will be stored in the Health Manager database and will be used solely by Council for this purpose or a related secondary purpose unless in accordance with the provisions of the Privacy and Data Protection Act 2014. This information will be used to identify you when communicating with Council and for the delivery of services and information. Failure to provide some or all of this information may result in your application not being processed. Requests for access and/or correction should be made to Council’s Privacy Officer. For further information on how your personal information is handled, refer to Council’s Privacy Policy at* [*www.moorabool.vic.gov.au*](http://www.moorabool.vic.gov.au/)*.*