

Aquatic Facility Permit

Public Health and Wellbeing Act 2008



There are some hard words in this form. The hard words are in blue. You can read what the words mean on page 2.

Proprietor Details

Name:						
Postal address:			Postcode			
Phone number: Home:		Work:		Mobile:		
Email address:				Fax:		
Type of proprietor: <input type="checkbox"/> Company <input type="checkbox"/> Person <input type="checkbox"/> Partnership						
If the proprietor is a company, provide the name and position of authority of the person signing this document: _____ _____						
If proprietor is a partnership you will need to provide details for each partner. Please complete on a separate sheet of paper and attach to this application.						
Are you a community group? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Business Details

Trading name of aquatic facility						
Business address:			Postcode			
ACN or ABN:						
Premises 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 hospital						
<input type="checkbox"/> Multi purpose service <input type="checkbox"/> Denominational hospital						
<input type="checkbox"/> Private hospital <input type="checkbox"/> Privately operated hospital						
<input type="checkbox"/> Caravan park						

Number of pools (outdoor)	Number of pools (indoor)
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Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

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Description (i.e. learn to swim, water park, hydrotherapy etc.)	Description (i.e. learn to swim, water park, hydrotherapy etc.)
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Contact person at business, if not the **proprietor**: _____

Business phone numbers: Business:	Mobile:
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Email:	Fax:
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Declaration

I understand that the information in this form must be true and forms a legal document.
If I give false information penalties may apply.

Signature:
Name: _____ Date: ____/____/____

Hard Words

Proprietor: The owner of a property

Authority: The right to act in a specified way.

Community Group: A not for profit organisation or a person undertaking a business activity solely for the purpose of raising funds for a charitable purpose or for a not for profit organisation.

ACN: Australian Company Number

ABN: Australian Business Number

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Contact Council



03 5153 9500



feedback@egipps.vic.gov.au



eastgippsland.vic.gov.au



PO Box 1618, Bairnsdale 3875

Customer Service Centres:

- **Bairnsdale:** 273 Main Street
- **Lakes Entrance:** 18 Mechanics Street
- **Mallacoota:** 70 Maurice Avenue
- **Omeo:** 179 Day Avenue
- **Orbost:** 1 Ruskin Street
- **Paynesville:** 55 Esplanade

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