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:** | $262.00 per pool *All new Public Health and Wellbeing businesses will incur an establishment fee of $160.00* |

**REGISTRATION CHECKLIST**

|  |
| --- |
| Please ensure that you have contacted the following before submitting this application to the Public Health team: |
| **Council’s Statutory Planning Department:** new/existing planning permits, change of use.  **Council’s Building Department:** fit out of proposed structural changes.  **Council’s Community Safety Department:** A-frame signage |

**PROPRIETOR DETAILS**

|  |  |  |
| --- | --- | --- |
| **Proprietor type:** | | |
| Sole trader  Partnership  Company Incorporated association | | |
| **Name of proprietor:** *If the proprietor is a company or incorporated association, provide the company’s or association’s name. If the proprietor is an individual or partnership, provide the name of the person/s.* | | |
|  | | |
| **ABN/ACN:** |  | |
| **Proprietor’s contact details:** | Phone: | Mobile**:** |
| Email: | |
| **Postal address:** |  | |

**BUSINESS DETAILS**

|  |  |  |
| --- | --- | --- |
| **Trading name:** |  | |
| **Business address:** |  | |
| **Aquatic facility operator (if different from the proprietor):** |  | |
| **Aquatic facility operator’s details:** | Phone: | Mobile: |
| Email: | |
| **No. of pools:** |  | |
| **Pool location: (***e.g indoor, outdoor)* |  | |
| **Do you have a water quality risk management plan?** | Yes  No  *If you have a water quality risk management plan, a copy must be submitted along with this application form.* | |
| **Proposed opening date:** |  | |

**DECLARATION**I/We 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. For rooming houses, we may disclose your personal information to third parties, such as Consumer Affairs Victoria (CAV) for registration purposes. For all other businesses, 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/)*.*