

## Application for Registration of Aquatic Facility under the PHWB Act

## Section 1: APPLICANT DETAILS

Section i. An illicatin Di	- I AILO									
Name:										
Company / Business Name										
Business Structure										
IE Partnership										
Postal Address:										
Postal Address.							Postcod	e:		
Telephone No. (H)			(w)	)		(M)				
Email Address:	<del>                                     </del>									
ABN			,	ACN						
Are you are the proprie	or of a					Facility Ope	erator? If n	o pled	ase complete	
		Sec	tion 2 an	d Sectior	1 4B					
Section 2: FACILITY OPE	RATOF	₹								
Name:										
Company / Business Name										
Business Structure										
IE Partnership	<u> </u>									
Postal Address:										
							Postcod	e:		
Telephone No. (H)		(w)		(M)						
Email Address:			<b> </b>	ı		<b> </b>				
Section 3: BUSINESS DE	TAILS									
Trading Name	IAILS									
Address:									1	
							Postc	Postcode:		
Category Type		Category 1								
		Category 2 Swimming Exercise						Paddling		
No. and Type of Facilities Provided		Diving		Wading				Recreational		
		Hydrotherapy Other								
Trading Hours	•									
Water Supply Source		Mains		Private		Other -				

Waste-Water Dispo	osal	Mains	Septic			Other -					
Is there a current water quality risk manage			olan in p	olace for	each a	quatic facility	located at		Yes		
the premises?									No		
Section 4A: APPLICANT DECLARATION This form must be signed.											
I/We the Applicant wish to apply to register for the year ending 31 December 2025 under the provisions of the Public health and Wellbeing Act 2008 and declare that all information given is true and correct.			Applicant Signature:				Date:				
Section 4B: OPERA	TOR DECLA	RATION									
I/We the Operator wish to apply to register for the year ending 31 December 2025 under the provisions of the Public health and Wellbeing Act 2008 and declare that all information given is true and correct.			Operator Signature:				Date:				
PLEASE FORWARD THIS APPLICATION TO  E-mail: Health@bawbawshire.vic.gov.au Mail: Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820											
Phone: 5624 2	5624 2411										
In Person: Customer Service Centre 33 Young Street Drouin											
All information collec website. If you choos or prevent Council fro If you have any conc	e not to supp om commun	oly the requested info icating with you in re	ormatior Plation to	n it may im o your app	pair the	e ability of Cou n.	uncil to con:	sider your			
Office Use Only											
Registration Number		Date Rece	ived			Receipt	number				
Notes											