



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

Section 1: APPLICANT DETAILS

Name:					
Company / Business Name					
Business Structure IE Partnership					
Postal Address:				Postcode:	
Telephone No. (H)		(W)		(M)	
Email Address:					
ABN		ACN			
<p>Are you the proprietor of an Aquatic Facility, are you also the aquatic Facility Operator? If no please complete Section 2 and Section 4B</p>					

Section 2: FACILITY OPERATOR

Name:					
Company / Business Name					
Business Structure IE Partnership					
Postal Address:				Postcode:	
Telephone No. (H)		(W)		(M)	
Email Address:					

Section 3: BUSINESS DETAILS

Trading Name					
Address:				Postcode:	
Category Type	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2				
No. and Type of Facilities Provided	<input type="checkbox"/> Swimming	<input type="checkbox"/> Exercise	<input type="checkbox"/> Paddling		
	<input type="checkbox"/> Diving	<input type="checkbox"/> Wading	<input type="checkbox"/> Recreational		
	<input type="checkbox"/> Hydrotherapy	<input type="checkbox"/> Other			
Trading Hours					
Water Supply Source	<input type="checkbox"/> Mains	<input type="checkbox"/> Private	<input type="checkbox"/> Other -		

Waste-Water Disposal		Mains		Septic		Other -
Is there a current water quality risk management plan in place for each aquatic facility located at the premises?						Yes
						No

Section 4A: APPLICANT DECLARATION This form must be signed.

I/We the Applicant wish to apply to renew registration 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: OPERATOR DECLARATION

I/We the Operator wish to apply to renew registration 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 2411	
In Person: Customer Service Centre	33 Young Street Drouin

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.

If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.

Office Use Only					
Registration Number		Date Received		Receipt number	
Notes					