

# Application for Registration of a Caravan Park

## Section 1: APPLICANT / PROPRIETOR DETAILS

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

#### Section 2: BUSINESS DETAILS

Trading Name								
Address:								
							Postcode:	
Type of Premises								
Number of	Long	Term Sites						
	Short Term Sites							
	Total Sites							
Trading Hours								
Water Supply Source		Mains			Private	Other -		
Waste-Water Disposal		Mains			Septic	Other -		

### Section 6: DECLARATION This form must be signed.

pplicant Signature:	Date:
γp	oplicant Signature:

#### CHECKLIST

A Site Plan of the Caravan Park, as per S12 (2b)

The most recent Report From the CFA, as per S12 (2c)

The Emergency management Plan, as per S12 (2e)

# PLEASE FORWARD THIS APPLICATION TO

E-mail:	<u>Health@bawbawshire.vic.g</u>	<u>ov.au</u> Mail:	Health Department, Baw Baw Shire Council PO Box 304
Phone:	5624 2411		Warragul VIC 3820
In Person:	Customer Service Centre	33 Young Street Dro	buin

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		Date Received		Receipt number			
Number							
Notes							