

Please print clearly in **BLOCK LETTERS** with a black pen.
 Ensure all fields have been filled out correctly.
 Please cross the appropriate boxes.
 A Council Officer will contact you if further information is required.

This form is for the regulation of Public Swimming and Spa Pools under the Public Health Act 2010 and Public Health Regulation 2012. You may use this form to register new premises or to make changes to registration for existing premises.

1 Occupiers details

Occupiers name

Company name Full name

Registered address Street or PO

Contact details

Phone Mobile

Email

Contact name (if different from above)

ABN / ACN (if any)

2 Premises details

Premises trading name

Location

No. and Street

Town/Locality Postcode

Lot DP

Contact details

Phone Mobile

Purpose for submitting form

Initial Registration Change of proprietor Ceased to trade
 Update Council Records Change of trading name Other

If you ticked Other, please provide details

Date changes are to take effect / Date of commencement of business Date / /

Note: Council must be notified within 7 days of any change in particulars.

3 Types of Pool

Please tick each box that relates to any business conducted at the above premises.

- Swimming Pool No. of Pools
 Spa Pool No. of Spas


Owner(s)/proprietors declaration

I declare that to the best of my knowledge the information provided in

Signature of owner(s) / proprietor(s) Date / /

Privacy & Personal Information Protection Notice

Purpose of collection: To register or modify a premises | **Intended recipients:** Council staff and approved contractors of BVSC | **Supply:** required for the regulation of registered premises | **Access/ Correction:** Council staff or GIPA requests | **Storage:** Council's record management systems and archives

	OFFICE USE ONLY	Receipt No.	<input type="text"/>	Receipt Code	281
		Receipt Date	<input type="text"/>	Application fee	\$100.00
		CS staff	<input type="text"/>		

TRIM: F12/453 ABN: 26 987 935 332