

Aquatic Facility Permit

Public Health and Wellbeing Act 2008



Proprietor details:

First name:	Surname:
Postal address:	
	Postcode:
Contact number:	
Email address:	
Type of proprietor: ☐ Company ☐ Person ☐ Partnership	
If the proprietor is a company, provide the name and position of authority of the person signing this document:	
If proprietor is a partnership you will need to provide details for each partner. Please complete on a separate sheet of paper and attach to this application.	
Are you a community group? ☐ Yes ☐ No	

Business details:

Trading name of aquatic facility	
Business address:	
	Postcode:
ACN or ABN:	
Premises type	
☐ Public pool	☐ Public spa
☐ Public interactive water feature	☐ Early childhood/school/educational institution
☐ Residential aged care	☐ Public hospital
☐ Multi purpose service	☐ Denominational hospital
☐ Private hospital	☐ Privately operated hospital
☐ Caravan park	
Number of pools (outdoor)	Number of pools (indoor)
Description (i.e. learn to swim, water park, hydrotherapy etc.)	Description (i.e. learn to swim, water park, hydrotherapy etc.)

Collection Notice

East Gippsland Shire Council collects information provided by you in this form to consider your application for an aquatic facility permit. East Gippsland Shire Council will only disclose your personal contact information to a third-party where required to do so by law. Information shared in this situation will be in accordance with the requirements of the Privacy and Data Protection Act 2014. If incorrect information or details are provided Council will be unable to assist you with this request. For more information on Council's Privacy Policy, please visit Council's *Privacy Statement* on our website or email feedback@egipps.vic.gov.au if you have any questions. AUG 26

