

Notification for Category 2 Aquatic Facility

Public Health and Wellbeing Act 2008 (Vic)



Proprietor Details

Proprietor name: (full name or Company/Pty Ltd - a Trust is not a legal entity for the purpose of the Public Health and Wellbeing Act)	
Proprietor Address:	
Postal Address: (if different from above)	
Email:	Phone number:
ABN:	ACN:

Business Premises Details

Trading name of business:	Primary contact name:
Address of business:	
Primary contact email:	Primary contact mobile:
<input type="checkbox"/> Premises is new and has not been built <input type="checkbox"/> Premises has already been built	Number of aquatic facilities:

Aquatic Facility Information

Location of aquatic facility:

☐ Residential Apartment Complex

☐ Hotel/Motel

☐ Hostel

Provide a brief description of each aquatic facility (lap pool, spa pool etc):

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☐ Confirm a Water Quality Risk Management Plan exists for each aquatic facility and attach a copy of the plan.

☐ Attach a detailed floor plan of the aquatic facility premises.

Your aquatic facility premises plans should include the following:

- Show the layout of all indoor/outdoor aquatic facilities.
- Indicate the location of all toilets, showers, change rooms, hand wash basins, equipment storage, chemical storage, plant room and any other amenity located at the premises.

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information
- If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).
- If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name.

To be completed by the proprietor

Name of Proprietor

Signature of Proprietor

Date

*Where the proprietor is a company, the signature(s) must be of an authorised officer of that company.
We may contact you to verify any information you have provided.*

Notification Checklist – please tick the following boxes prior to submitting form

- ☐ Completed Business owner's details (Trusts are not accepted)
- ☐ If proprietor is a company, an associated ABN to the proprietor has been provided
- ☐ Attached copy of the Water Quality Risk Management Plan for each aquatic facility
- ☐ Detailed floor plans of the aquatic facility premises

Further Information

Environmental Health

Phone: (03) 9784 1915

Email: info@frankston.vic.gov.au

Disclaimer

A Public Health and Wellbeing Act 2008 Registration does not constitute a Planning or Building approval, and further approvals and considerations are required under the Building Act and Planning and Environment Act for the proposed food premises to be both constructed and used. You must obtain this formal confirmation regarding any Planning and Building requirements from the relevant Council departments. Please contact each respective department on 1300 322 322.

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