

East Gippsland Shire Council

273 Main Street (PO Box 1618)
Bairnsdale VIC 3875
Website www.eastgippsland.vic.gov.au
Email feedback@egipps.vic.gov.au
Follow us on Twitter @egsc



Telephone: (03) 5153 9500
Fax: (03) 5153 9576
National Relay Service : 133 677
ABN: 81 957 967 765

Application for Transfer of Registration of an Aquatic Facility

Public Health and Wellbeing Act 2019

This application has a fee of \$114.00

There are some hard words in this form. The hard words are in [blue](#). You can read what they mean on page 2.

Current [Proprietor](#)

| | | | | | | | |
|---------------------|--|-------|----------|---------|--|--|--|
| Name/s: | | | | | | | |
| Postal address: | | | | | | | |
| | | | Postcode | | | | |
| Phone number: Home: | | Work: | | Mobile: | | | |
| Email address: | | | | Fax: | | | |

New [Proprietor](#)

| | | | | | | | |
|---------------------|--|-------|----------|---------|--|--|--|
| Name/s: | | | | | | | |
| Postal address: | | | | | | | |
| | | | Postcode | | | | |
| Phone number: Home: | | Work: | | Mobile: | | | |
| Email address: | | | | Fax: | | | |

Business Details

| | | | | | | | |
|--|--|--|----------|--|--|--|--|
| Trading name: | | | | | | | |
| Business address: | | | | | | | |
| | | | Postcode | | | | |
| Australian Business Number (ABN): | | | | | | | |
| Description of aquatic facility: _____ | | | | | | | |
| _____ | | | | | | | |
| _____ | | | | | | | |

Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

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I/we, _____
the **proprietor/s** of this Aquatic Facility hereby apply under the *Public Health and Wellbeing Act 2019* to
transfer the registration to _____

Current **proprietor/s** signature:

Name/s: _____ Date: ____/____/____

New **proprietor/s** signature:

Name/s: _____ Date: ____/____/____

Office Use Only:

Reference Number: LC/ENV/PP/_____ Method of Payment: ☐ Cash ☐ Cheque ☐ Eftpos ☐ Credit Card

Amount Paid: \$_____ Receipt Number: _____ Receipt Date: ____/____/____

Hard Words:

Proprietor: The owner or owners of a business, or a holder of property.

Submitting your application

| | | |
|------------|---|--|
| Mail | Post the signed, completed form together with any applicable fees or copies of any documentation to; PO Box 1618 BAIRNSDALE VIC 3875. | |
| Electronic | Fax to 03 5153 9576 Email to feedback@egipps.vic.gov.au | |
| In Person | Bring the completed form and supporting documents to any of the following locations; | |
| | Service Centre Opening Hours: 8:30am to 5:00pm. Monday to Friday. | Bairnsdale Corporate Centre: 273 Main Street. Lakes Entrance Service Centre: 18 Mechanics Street. Omeo Service Centre: 179 Day Avenue. Orbost Service Centre: 1 Ruskin Street. Paynesville Service Centre: 55 The Esplanade. |
| | Mallacoota Service Centre Opening Hours: Monday and Tuesday 10.00am to 2.00pm Wednesday, Thursday, Friday 2.00pm to 5.00pm | Mallacoota Service Centre: 70 Maurice Avenue |

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