

OFFICE USE ONLY	
Receipt Number:	_____
Date Received:	_____
Amount Paid:	_____
Customer Service Officer:	_____

Notification of Public Swimming Pool / Spa

Public Health Act 2010



ABN Details

Instructions for completion:

- 1) Enter your ABN, ACN or name in the search function at <http://www.abr.business.gov.au>
- 2) Identify and click on the correct & current ABN
- 3) Complete the details below as per the 'Current details' search results

Entity Name:			
ABN:			



Business Details

Instructions for completion:

- 1) Following on from 2) above, click on the correct & current business name
- 2) You will be redirected to a ASIC webpage relating to your business
- 3) Complete the details below as per the 'Business Name Summary' information displayed

Business Name:			
Address for service of documents:	Suburb		Post Code
Principal place of business:	Suburb		Post Code



Contact Details

Surname		First Name	
Business Hrs Phone		Mobile Phone	
Email Address			



Premise Details

Please complete only if details are different to the 'principle place of business' provided in the 'Business Details' above

Property Name if applicable		Lot on Plan	
Address			
Suburb		Postcode	



Activity Details

Type of Pool Please select more than one where applicable	<input type="checkbox"/> Above Ground x ____ (insert number) <input type="checkbox"/> In Ground x ____ (insert number) <input type="checkbox"/> Other _____ x ____ (insert number)
Type of Spa Please select more than one where applicable	<input type="checkbox"/> Above Ground x ____ (insert number) <input type="checkbox"/> In Ground x ____ (insert number) <input type="checkbox"/> Other _____ x ____ (insert number)
Type of Treatment	Please Detail
Water Supply	<input type="checkbox"/> Reticulated <input type="checkbox"/> Private, e.g. bore, tank



Attachments

Copy of your Australian Business Registration detailing your ABN



Customer Signature

I/we hereby declare the information provided to be true and correct. I/we understand that should any information not be completed or attached, or relevant fees not received with application, this application may be considered not properly made, and returned without assessment.

Name		Signature		Date	/ /
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HOW TO LODGE YOUR APPLICATION

<p>Address the application to</p> <p>General Manager Cessnock City Council PO Box 152 CESSNOCK NSW 2325</p> <p>OR</p> <p>General Manager Cessnock City Council DX 21502 CESSNOCK</p> <p>Payment Method By mail - Cheque, Money Order or Credit Card (<i>complete the section below</i>)</p>	<p>Lodge in person (between 9am – 4.30pm) at Council’s Administration Building</p> <p>Cessnock City Council 62-78 Vincent Street CESSNOCK NSW</p> <p>Payment Method In person - Cash, Cheque, Money Order, Bankcard, Mastercard, Visa, and/or EFTPOS.</p>	<p>How to Contact Us Phone: (02) 4993 4300 Fax: (02) 4993 2500 Email: council@cessnock.nsw.gov.au www.cessnock.nsw.gov.au</p> <p>Office Hours 9am to 5pm Monday to Friday <i>*Payments are accepted until 4.30pm</i></p> <p>Fees Fees are calculated in accordance with Council’s adopted fees and charges.</p>
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If you require further information regarding this request, please contact Council's Customer Service Centre on (02) 4993 4300.

Cessnock City Council takes the privacy and security of personal information very seriously. To eliminate the risk associated with Credit Cards, Council does not collect or store Credit Card information.

Credit Card payments are processed by Council’s Call Centre using a call in or call back facility. Customers are able to select their preferred option.

If you wish to make payment via Credit Card, please nominate your preferred telephone contact number for our Customer Service Team to contact you on.

<p>Payment Contact Name:</p>	<p>Payment Contact Phone Number:</p>
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