

Suburb:

# NOTIFICATION OF BUSINESS DETAILS PUBLIC SWIMMING POOL / SPA

Revision No. 29-03-2022

OFFICE USE ONLY

Place Stamp Here

Receipt No:

Date:

Amount:

CSO:

		PAF	RT 1 -	NOTI	FICATION	DETAILS	
ABN DETAILS							
2) Identify and click of	n the correct 8	n the search function at <a href="http://www.kg.current.ABN">http://www.kg.current.ABN</a> er the 'Current details' search res		ess.gov.au			
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:				Postcode:		
Principal place of business:							
	Suburb:			Postcode:			
CONTACT DETAILS							
Surname:			First Name:				
Business Hrs Phone:			Mobile Phone:				
Email address:							
PREMISES 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 Pl	an:		
Address:							
	i						

Postcode:

ACTIVI	TY DETAILS							
Type of Pool: Please tick more than one where applicable	Abo	ve Ground x	(insert nun	nber)				
	In G	round x	(insert nun	nber)				
	Oth	er	Х	(in	sert number)			
Type of Spa: Please tick more than one where applicable	Abo	ve Ground x	(insert nun	nber)				
	In G	round x	(insert nun	nber)				
	Oth	er	Х	(in	sert number)			
Type of Please de	Treatment:	•						
Water S	Supply:	Reti	culated			Private, e.	g. bore, ta	ank
ATTACHMENTS								
Copy of your Australian Business Registration detailing your ABN								
CUSTO	MER SIGNATURE							
I/we hereby make 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:	
Name:			Signature:				Date:	

## PART 2 - LODGEMENT INFORMATION

### **HOW TO LODGE YOUR APPLICATION**

## Address the application to:

General Manager Cessnock City Council PO Box 152 CESSNOCK NSW 2325

### **Payment Method**

**By mail** - Cheque, Money Order or Credit Card (*complete the section below*)

Lodge in person (between 9am – 4.30pm) at Council's Administration Building

Cessnock City Council 62-78 Vincent Street CESSNOCK NSW

#### **Payment Method**

**In person** - Cash, Cheque, Money Order, Bankcard, Mastercard, Visa, and/or EFTPOS.

#### **How to Contact Us**

Phone: 02 4993 4100 Fax: 02 4993 2500

Email:council@cessnock.nsw.gov.au W: www.cessnock.nsw.gov.au

#### Office Hours

9am to 5pm Monday to Friday \*Payments are accepted until 4.30pm

**Duty Officers** are available weekdays: Planning - 9am to 5pm Building - 9 to 10am & 1 to 5pm

#### Fees

Fees are calculated in accordance with Council's adopted fees and charges.

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.

Payment Contact Name:	
Payment Contact Phone Number:	

### **PRIVACY NOTIFICATION**

Council is subject to the *Privacy and Personal Information Protection Act 1998* (NSW) in dealing with your personal information. Council's <u>Privacy Management Plan</u> and <u>Privacy Statement</u> describe how the agency meets these obligations. Personal information is being collected for the purpose of processing your application in accordance with the *Public Health Act 2010, Public Health Regulation 2012*. This includes notification and advertising purposes, and consultation with other NSW government agencies in relation to your application. By providing your personal information you agree for Council to share it from time to time with a third party to conduct customer research or satisfaction surveys relating to your application in order to improve Council processes. You also agree that Council may use your personal information from time to time to contact you and notify you of legislative and other amendments that may have an impact on you. Delegated Council officers and agents acting on behalf of Council will be the recipients of your personal information. The provision of personal information is voluntary, however if you do not provide it we may not be able to process your application. Your personal information will be kept securely in Council's Information Management System in accordance with the relevant legislation. Council's address is 62-78 Vincent Street Cessnock NSW 2325. You may access, correct or update your personal information by visiting Council's website, contacting Council's Privacy Contact Officer on 02 4943 4100 or by sending an email to council @cessnock.nsw.gov.au.