



Mingenew Office 21 Victoria Street (PO Box 120) Mingenew WA 6522  
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mingenew.wa.gov.au

## 2017-2018 Application for Funeral Director's Licence

Cemeteries Local Law 2017 | Cemeteries Act 1986

**All applicants** (Where insufficient space provided, add additional pages)

Applicant (Name or Company):

For Annual Period: From: To: 30/06/2019

Trading Name/s of Business:

Address/es from which business will be carried out:

Telephone Number/s:

Email address

Number of years Applicant has held a Funeral Director's Licence: Years

Details of offences under the Cemeteries Act, Cremation Act or the By-Laws of any Cemetery for which the applicant or persons employed by the applicant have been convicted?

Have you ever been declared bankrupt or placed in receivership?  YES  NO

If "Yes" provide details:

**To be completed if applicant is a company:** Full Name and Addresses of:

Director/s:

Manager/s:

Registered Office:

**To be completed if applicant is in a partnership:**

Full Name and Address of partner/s:



By signing this document I hereby:

- Agree to meet all legislative requirements as per the Cemeteries Local Law 2017 and the Cemeteries Act 1986
- Agree to maintain Public Liability Insurance cover and Workers Compensation Insurance Cover (where applicable) as a condition of my licence.

**A Copy Certificate of Currency for the aforementioned Insurance Policies must be attached**

- Understand that this licence may be cancelled or suspended by the Shire, subject to my right of appeal.

**Full Name and Capacity of Person Completing this Application:**

|                         |  |       |
|-------------------------|--|-------|
| Full Name (Print):      |  |       |
| Capacity:               |  |       |
| Signature of Applicant: |  | Date: |

|                               |                                                                                                                                                                                                                                                                            |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Funeral Director License Fee: |                                                                                                                                                                                                                                                                            |
| Payment Details:              | Electronic Payment-<br><b>Account Name- Shire of Mingenew</b><br><b>BSB 086-833 Acc No.- 508 355 531</b><br>Please use your business name as the reference.<br>OR<br>Contact the Shire of Mingenew by phone on 9928 1102 to arrange payment over the phone via credit card |

**Office Use Only:**

|                          |  |                                              |
|--------------------------|--|----------------------------------------------|
| Application Received by: |  | Date:                                        |
| Payment Owed:            |  |                                              |
| Date Payment Received:   |  | Receipt Number:                              |
| License Number Issued:   |  | <input type="checkbox"/> Updated in Register |

Application Approved:  YES  NO Conditions:  YES  NO

|                                  |       |
|----------------------------------|-------|
| Signature of Authorised Officer: | Date: |
|----------------------------------|-------|