



21 Victoria St, Mingenew WA 6522
 All Correspondence to:
 The CEO
 PO Box 120, Mingenew WA 6522
 Ph: (08) 9928 1102 Fax: (08) 9928 1128
 Email: enquiries@mingenew.wa.gov.au

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: **30/06/2023**

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: _____



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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	\$40.00 (Annual Fee)
Payment Details	Electronic Payment- Account Name- Shire of Mingenew BSB 086-833 Acc No.- 508 355 531 Please use your business name as the reference. OR 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: \$40.00	
Date Payment Received:	Receipt Number:
License Number Issued:	<input type="radio"/> Updated in Register

Application Approved: Yes No Conditions: Yes No

..... Date:

Signature of Authorised Officer