



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 (per financial year): 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- <b>Account Name- Shire of Mingenew</b> <b>BSB 086-833 Acc No.- 508 355 531</b> 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="checkbox"/> Updated in Register

Application Approved:      Yes     No                       Conditions: Yes                       No

..... Date: .....

Signature of Authorised Officer