



Shire of Halls Creek

**CEMETERIES ACT 1986
APPLICATION FOR FUNERAL DIRECTOR'S LICENCE**

ALL APPLICANTS (Where insufficient space provided, add additional pages)

Applicant (Name or Company): _____

For Annual Period: From: _____ To: _____

Trading Name/s of Business: _____

Address/es from which business will be carried out: _____

Telephone Number/s: _____

Facsimile Number/s: _____

Email address: _____

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

Have you been convicted of any offence, anywhere? YES NO

If "Yes" provide details: _____

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

If "Yes" provide details: _____

COMPANIES

Full Name and Addresses of:

Director/s: _____

Manager/s: _____

Registered Office: _____

PARTNERSHIP (If a Partnership, please complete this section)

Full Name and Address of partner/s: _____

- I hereby certify that the Shires standard requirements appropriate to this application as contained in the Policy for Licensing Funeral Directors have been met.
- I 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 of Third Party Insurance must be attached

- I agree to provide details of these insurance policies annually.
- I 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: _____

Office Use Only

Date Application Received :

Application Approved: Yes No

Conditions: Yes No

.....
Signature of Authorised Officer

Date: