



Application for Monumental Mason's Licence

Cemeteries Act 1986

Details of Applicant	
Name or Company	
For Annual Period	
Trading Name/s of Business	
Address/es from which Business will be carried out	
Telephone No/s	
Fax No/s	
Email address	
ABN/ACN	

In making this application I _____ certify that:

(Applicant to write their full name here)

- I have been involved in the Monumental Masonry Trade for: _____ years.
- I will comply with the Laws of the State of Western Australia, including the *Cemeteries Act 1986*, the Shire of Augusta-Margaret River Local Laws, and any policies, procedures and guidelines the Shire may issue from time to time, including compliance with those standard contained within the Australian Standard as4204-1994 Headstones and Cemeteries Monuments, as the Shire may adopt from time to time.
- I acknowledge and accept that the erection of all monumental work will be carried out by a qualified monumental mason employed by the above company.
- Where another monumental mason is sub-contracted to perform work on behalf of the above company, that the person must be licensed as a monumental mason by the Shire and produce their certificate of currency of third party insurance.
- No monuments will be erected prior to the approval of the Shire being obtained.
- I agree to maintain the currency of my Third Party Insurance and Workers Compensation Insurance (where applicable) as a condition of my licence.
- I have never been declared bankrupt or placed into receivership.
- I understand and acknowledge that the Shire can refuse to issue licence, or cancel or suspend a licence at any time.

9. I do/do not have any convictions for any offence(s), anywhere.
(cross out as appropriate)

If you have been convicted of any offence(s), please provide details.
(continue on a separate sheet of paper if necessary)

Full Name and Capacity of Person Completing this Application

Full Name: (Print): _____

Capacity: _____

Signature of Applicant _____ Date: _____

IMPORTANT

A COPY OF YOUR CERTIFICATE OF CURRENCY OF THIRD PARTY INSURANCE AND WORKERS COMPENSATION INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION.

NOTE:

Payment of \$270 must accompany the application. Please make cheque available to the Shire of Augusta-Margaret River.

If more than one place of business is to be utilized, then provide details of those locations and their respective address, contact person, telephone, facsimile, email etc on a separate sheet to this application.

The Shire is indemnified against any liability attributed to any incorrect statements or information contained in this form.

Office Use Only	
Date Application Recvd:	
Payment Recvd:	
MDL No	
State Issued:	
Expiry Date:	
Date Application Approved:	
Date Licence Issued:	
Public Liability Insurance Co	
Policy No	
Expiry Date	
Workers Comp Insurance Co	
Policy No	
Expiry Date	
Application Approved:	Yes/No
Signature of Authorised Officer	
Date	