



Application for Funeral Director's Licence

Cemeteries Act 1986

Division 3

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	
No of years Applicant has held a Funeral Director's Licence	
Have you been convicted of any offence, anywhere?	Yes/No
Have you ever been declared bankrupt or placed in receivership?	Yes/No
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: _____

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

Office Use Only

Date Application Recvd:

Application Approved:

Yes/No

Conditions:

Yes/No

Signature of Authorised Officer

Date