Application for Funeral Director's Licence



Version Date: 23-08-2021 Version: 2

Ranger Services ENF/42

Cemeteries Act 1986, Cemeteries Local Law Division 3

Details of Applicant			
Name of Company			
Financial Year for Licence			
Trading Name of Business			
Address from which business will be carried out			
Postal Address Details			
Telephone Number/s			
Facsimile Number/s			
Email address			
Number of years applicant has held a Funeral director's Licence			
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 (Please provide Full Name/s & Addresses)				
Directors (relevant documentation pertaining to this section may be attached)				
Manager/s (relevant documentation pertaining to this section may be attached)				
Registered Office				
Partnership (if a Partnership, please complete this section)				
Full Name and Address of Partner/s (relevant documentation pertaining to this section may be attached)				

- 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 (Signature Compulsory)		
Full Name (Print)		
Capacity		
Signature of Applicant		
Date		

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