

# Application for a Funeral Director's Licence

Cemeteries Act 1986

20 Morcombe Rd, Leeman  
PO Box 238, Leeman WA 6514

Main Street, Coorow  
PO Box 42, Coorow, WA 6515

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Application for the issue of a licence for annual period beginning: \_\_\_\_\_  
and ending \_\_\_\_\_ to undertake funerals within the Shire of Coorow cemetery.

## Details of Applicant

TRADING NAME OF BUSINESS		
APPLICANT SURNAME	APPLICANT GIVEN NAME/S	
ADDRESS FROM WHICH BUSINESS WILL BE CARRIED OUT	SUBURB	POSTCODE
BUSINESS POSTAL ADDRESS	SUBURB	POSTCODE
WORK PHONE	MOBILE	EMAIL
PUBLIC LIABILITY INSURANCE COMPANY - ATTACH COPY OF CERTIFICATE OF CURRENCY	POLICY NUMBER	EXPIRY DATE
NUMBER OF YEARS APPLICANT HAS HELD A FUNERAL DIRECTOR'S LICENCE	FUNERAL DIRECTORS LICENCE NUMBER	
HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCES Y <input type="checkbox"/> N <input type="checkbox"/>	IF 'YES' PROVIDE DETAILS	
HAVE YOU EVER DECLARED BANKRUPT OR PLACED IN RECEIVERSHIP Y <input type="checkbox"/> N <input type="checkbox"/>	IF 'YES' PROVIDE DETAILS	

## Companies

### Full Name & Addresses of:

DIRECTORS	_____
	_____
	_____
MANAGERS	_____
	_____
	_____
REGISTERED OFFICE	_____

## Partnerships (If a Partnership, please complete this section)

FULL NAME AND ADDRESS OF PARTNER/S	_____
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- 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 statement or information in this form.

**Office Use Only**

Date Application Received:

Application Approved:    Y                     N

Conditions:                    Y                     N

Signature of Authorised Officer

Date