

## LICENCE PERIOD

For Annual Period:                     /                     /                     to 30 June

## APPLICANT DETAILS

First Name/s:	Surname:
Position/ Title:	

## TRADING DETAILS

Company Name/ Trading Name of Business:

*Business must be registered*

ACN:	ABN:	
Director/s:		
Contact Name/s (if different):		
Business Address:		
Suburb:	State:	Post Code:
Postal Address:		
Suburb:	State:	Post Code:
Telephone:	Mobile:	
Facsimile:	Email:	

## APPLICANT HISTORY

*Where insufficient space provided, add additional pages*

Number of years applicant has held a Funeral Director's Licence:

Have you been convicted of any offence in the last 5 years, anywhere?                      Y                      N

If "Yes" provide details:

Have you ever been declared bankrupt or placed in receivership or are there any actions pending?                      Y                      N

If "Yes" provide details:

A National Police Certificate must be provided - Current with in last 6 months                      Attached

## INSURANCE REQUIREMENTS

INSURANCE TYPE	INSURED AMOUNT
Public Liability	\$10,000,000 any one occurrence
Worker's Compensation	The contractor shall insure against liability for death of or injury to persons employed by the Contractor including liability by statute and at common law to a limit of not less than \$50,000,000.
Comprehensive Hearse Motor Vehicle and Third Party	Comprehensive Motor Vehicle and Third Party Liability for no less than \$20,000,000 any one occurrence

## INSURANCE DETAILS

Certificates of Currency of Public Liability, Workers Compensation and Motor Vehicle Comprehensive & Third Party, must be attached.

### Public Liability – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

### Workers Compensation – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

### Comprehensive/ Third Party Motor Vehicle – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

## VEHICLE DETAILS

Please provide details of all vehicles to be used for mortuary transport services:

Make/ Model:

Registration:

Year:

Please provide transport details:

## FACILITY DETAILS

*Where insufficient space provided, add additional pages*

Does the applicant/ business own its own refrigerated body storage facilities, body preparation, or mortuary facilities for embalming?

Y  N

*If located within the City of Karratha, further applications may apply*

*If no, please attach written evidence demonstrating how you have access to such a facility*

If you are to be operating at a different address to your registered business address, please advise of your alternate address details:

Address:

Suburb:

State:

Post Code:

Do you have Planning approval for your business?

Y  N  NA

*If located within the City of Karratha, further applications may apply*

Do you have Environmental Health approval for your business?

Y  N  NA

*If operating within the City of Karratha, further applications may apply*

Important: The applicant must complete the declaration on the following page.

## TERMS AND CONDITIONS

1. The information provided is true and correct to the best of my knowledge and belief;
2. I have been duly authorised by the company/ trading business to make this application on its behalf;
3. This application is only valid upon payment of the set fee, City of Karratha approval and the issue of a Funeral Director's Licence;

Should your application be approved by the City of Karratha:

1. You will comply with the laws of the State of Western Australia, including the *Cemeteries Act 1986*, the *City of Karratha Cemeteries Local Law 2017*, and any relevant future legislation as applicable;
2. The licence is not transferable in accordance with the provisions of Section 16(c) of the *Cemeteries Act 1986*;
3. The licence may be subject to cancellation should the Funeral Director be found to be in breach of the conditions in Section 17 (2) of the *Cemeteries Act 1986*;
4. The licence may be cancelled or suspended should any of the events arise under Section 18 of the *Cemeteries Act 1986*, or any other legislation that may be applicable;
5. You understand the licence may be cancelled or suspended by the City of Karratha, subject to your right of appeal;
6. You agree to maintain and provide current copies of all relevant insurances including but not limited to Public Liability Insurance Cover, Workers Compensation Insurance Cover and Comprehensive/ Third Party Motor Vehicle Insurance Cover;
7. Should any of the details within your licence change, you must notify the City of Karratha immediately and understand that a new application may be required;
8. You shall adhere to the policies, procedures and reasonable directions of the City of Karratha as the City may determine from time to time.

## DECLARATION AND SIGNATURE

*I agree to the above terms and conditions.*

Full Name (Print):

Position:

Business Name:

Signature:

Date:

## OFFICE USE ONLY

Public Liability Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Required Amount \$10,000,000
Workers Compensation Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Legislated Amount \$50,000,000
Motor Vehicle Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Comprehensive Amount Required \$20,000,000
Planning Approval:	<input type="checkbox"/> Y <input type="checkbox"/> N	Special Conditions:
Environmental Health Approval:	<input type="checkbox"/> Y <input type="checkbox"/> N	
Date Received:	Total Paid:	Receipt:
Reviewing Officer:	Sign:	Application Approved: <input type="checkbox"/> Y <input type="checkbox"/> N