



Shire of Derby / West Kimberley

Application for Funeral Director's Licence Cemeteries Act 1986

ALL APPLICANTS (Where insufficient space provided, add additional pages)

Applicant Surname:		Applicant Given Name:	
Company Name:			
Trading Name/s of Business:			
Address/s from which business will be carried out:	Suburb:	Postcode:	
Email:			
Mobile/s:	Phone/s:		
For Annual period:	From:	To:	
Number of Years Applicant has held a Funeral Director's licence:			
Have you been convicted of any offence, anywhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IF YES, Please provide details:			
Have you ever been declared bankrupt or placed in receivership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
IF YES, Please provide details:			

COMPANIES (Where insufficient space provided, add additional pages)

Full Names and Addresses of:	
Director/s:	
Manager/s:	
Registered Office:	

Derby

(08) 9191 0999 | 30 Loch Street
 sdwk@sdwk.wa.gov.au | PO Box 94, Derby WA 6728

Fitzroy Crossing

(08) 9191 5355 | Flynn Drive
 sdwk@sdwk.wa.gov.au | PO Box 101, Fitzroy Crossing



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PARTNERSHIP (If a partnership, please complete this section)

Full Names and Addresses of:	
Partner/s:	

1. I hereby certify that the Shire's standard requirements appropriate to this application as contained in the Policy for Licensing Funeral Directors have been met.
2. I agree to maintain Public Liability Insurance Cover and Worker's Compensation Insurance Cover (where applicable) as a condition of my licence.

IMPORTANT

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

3. I agree to provide details of these insurance policies annually.
4. 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 MAKING THIS APPLICATION:

Full name (print):			
Capacity:			
Signature:		Date:	

SHIRE ADMINISTRATION USE ONLY

Date application received:		Receipt number:	
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Authorising Officer:		Signature:	
Date Approved:		Date issued:	

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