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8.00am - 4.00pm MON - FRI

Application for a Funeral Director's Licence

CEMETERIES ACT 1986

Use this form to apply for a new, or to renew an existing annual Funeral Director's Licence

1. APPLICANT

Full name: LOUISE DOYLE
Trading Name of Business: KATHERINE FUNERAL SERVICES
Business address(es): 2/31 KATHERINE TCE KATHERINE 0850
Postal address: PO BOX 1894 KATHERINE NT 0851
Work phone: 08 89721186 Mobile phone: 0429 129 445
Fax number: — Home phone:
Email: kfserv@bigpond.net.au

2. SPECIFIC FUNERAL DIRECTOR INFORMATION:

For Annual Period: From: 1-07-19 To: 30-06-20
Number of years Applicant has held a Funeral Directors Licence: 1 Years
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:

3. BUSINESS INFORMATION:

COMPANIES:

Full Name and Addresses of:

Director/s: MICHAEL KNIGHT
LOUISE DOYLE 91 MURNBURLU RD COSSACK
Manager/s:

Registered Office:

PARTNERSHIPS:

Full Name and Addresses of Partners: STEPHEN DOYLE 91 MURNBURLU RD.

3. ATTACHMENTS

Please **attach documentation** that will assist the Shire in determining that you meet the requirements of Section 17(2) of the Cemeteries Act, 1986, namely:

1. A letter outlining how the applicant satisfies the Board that it:
 - (a) Is of good repute and is fit to hold a funeral director's licence; and
 - (b) Has suitable facilities and equipment for handling and storing deceased persons and conducting funerals;Shall be entitled to be issued with a funeral director's licence.
2. Insurance Certificates of Currency

4. CERTIFICATION BY APPLICANT

- I hereby certify that the Shire's standard requirements appropriate to this application have been met;
- I agree to maintain Public Liability Insurance cover and Workers Compensation Insurance Cover (where applicable) as a condition of my licence;
- 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)

LOUISE DOYLE

Position Title

DIRECTOR / OFFICE MANAGER


Applicant Signature

Date 28/ 6 / 19

5. OFFICE USE ONLY

Received:

Referred to Council:

Approved:

Licence Issued:

Licence fee paid on

/ /

Receipt Number: