

PO Box 614 Kununurra 6743
20 Coolibah Drive
KUNUNURRA

Koolama Street WYNDHAM

T | 9168 4100
F | 9168 1798
E | mail@swek.wa.gov.au
W | www.swek.wa.gov.au
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:	Paul Edward Cornish		
Trading Name of Business:	Derby Funeral Services		
Business address(es):	Lot 707 Le Lievre Street, Derby W.A.		
Postal address:	Po Box 590 Derby W.A.		
Work phone:	0409984339	Mobile phone:	
Fax number:		Home phone:	
Email:	Paul_cornish@telstra.com		

2. SPECIFIC FUNERAL DIRECTOR INFORMATION:

For Annual Period:	From:	01/07/2019	To:	30/06/2020
Number of years Applicant has held a Funeral Directors Licence:		25	Years	
Have you been convicted of any offence, anywhere?	Yes		<input checked="" type="radio"/> No	
If 'yes' provide details:				
Have you ever been declared bankrupt or placed in receivership?	Yes		<input checked="" type="radio"/> No	
If 'yes' provide details:				

3. BUSINESS INFORMATION:

COMPANIES:

Full Name and Addresses of:	
Director/s:	Paul Cornish : Lot 707 Le Lievre Street Derby W.A.
Manager/s:	Paul Cornish: Lot 707 Le Lievre Street Derby W.A.
Registered Office:	

PARTNERSHIPS:

Full Name and Addresses of Partners:

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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)

Position Title


.....
Applicant Signature

Date 24, 6, 2019

5. OFFICE USE ONLY

Received:		Referred to Council:	
Approved:		Licence Issued:	
Licence fee paid on	/ /	Receipt Number:	