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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:	TIMOTHY Mcchintock		
Trading Name of Business:	Affordable Funerals		
Business address(es):	42 CHARKE CRES		
Postal address:	PO BOX 372		
Work phone:	0455 114 114	Mobile phone:	
Fax number:		Home phone:	
Email:	AffordableFunerals@Bigpond.com		

## 2. SPECIFIC FUNERAL DIRECTOR INFORMATION:

For Annual Period:	From:	01/7/19	To:	30/6/20
Number of years Applicant has held a Funeral Directors Licence:		3	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:

<b>COMPANIES:</b>	
Full Name and Addresses of:	
Director/s:	T. Mcchintock - 42 CHARKE CRES KATHERINE NT
Manager/s:	
Registered Office:	42 CHARKE CRES KATHERINE NT
<b>PARTNERSHIPS:</b>	
Full Name and Addresses of Partners:	Sue DAVIS
	Same

### 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: <ul style="list-style-type: none"> <li>(a) Is of good repute and is fit to hold a funeral director's licence; and</li> <li>(b) Has suitable facilities and equipment for handling and storing deceased persons and conducting funerals;</li> </ul> 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)	Tim McChintock
Position Title	Director



Date 01/07/2019

Applicant Signature

### 5. OFFICE USE ONLY

Received: 5.7.2019	Referred to Council:	
Approved:	Licence Issued:	
Licence fee paid on / /	Receipt Number:	412866