
CEMETERIES ACT 1986
APPLICATION FOR MONUMENTAL MASONS LICENCE

Applicant/Principal's Name:		
Company or Trading Name:		
Business Address:		
Phone:	Fax:	Mobile:
Email:		
ABN/ACN:		

In making this application I,certify that

1. I have been involved in the Monumental Masonry Trade for.....years.
2. I will comply with the Laws of the State of Western Australia, including the *Cemeteries Act 1986*, the Shire of Boddington Local Laws, and any policies, procedures and guidelines the Shire may issue from time to time, including compliance with those standard contained within the Australian Standard as4204-1994 Headstones and Cemeteries Monuments, as the Shire might adopt from time to time.
3. I acknowledge and accept that the erection of all monumental work will be carried out by a qualified monumental mason employed by the above company.
4. Where another monumental mason is sub-contracted to perform work on behalf of the above company, that the person must be licensed as a monumental mason by the Shire and produce their Certificate of Currency of Third Party Insurance.
5. No monuments will be erected prior to the approval of the Shire being obtained.
6. I agree to maintain the currency of my Third Party Insurance and Workers Compensation Insurance (where applicable) as a condition of my license.
7. I have never been declared bankrupt or placed into receivership.
8. I understand and acknowledge that the Shire can refuse to issue license, or cancel or suspend a license at any time.

9. I do/do not have any convictions for any offence(s), anywhere.
(cross out as appropriate)

If you have been convicted of any offence(s), please provide details.
(continue on a separate sheet of paper if necessary)

Signed:_____

Office Use Only:

Date Application Received:	Receipt No:
Date Approved:	Date Licence Issued:

Applicant to Complete

Public Liability Insurance Company:	
Policy Number:	Expiry Date:
Worker's Compensation Insurance Company:	
Policy Number:	Expiry Date:
Conditions of License:	

Please note:

1. If more than one place of business is to be utilized, then provide details of those locations and their respective address, contact person, telephone, facsimile, email etc on a separate sheet to this application.
2. Payment of \$..... must accompany the application. Please make cheque/payment available to the Shire of Boddington.

IMPORTANT

A COPY OF YOUR CERTIFICATE OF CURRENCY OF THIRD PARTY INSURANCE AND WORKERS COMPENSATION INSURANCE MUST BE SUBMITTED WITH THIS APPLICATION