



TRIM Reference: _____

APPLICATION FOR MONUMENTAL MASON'S LICENCE (SINGLE)

CEMETERIES ACT 1986

Applicant/
Principal Name: _____

Company or
Trading Name: _____

Business Address: _____

Phone Number: _____ Mobile Number: _____

Fax Number: _____ ABN/ACN: _____

Email Address: _____

In making this application I _____
certify that: *Applicant to write their full name*

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 City of Greater Geraldton Local Laws, and any policies, procedures and guidelines the City may issue from time to time, including compliance with those standard contained within the Australian Standard AS4204: 1994 – Headstones and Cemeteries Monuments, as the City may 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 City of Greater Geraldton and produce their certificate of currency of third party insurance.



5. No monuments will be erected prior to the approval of the City of Greater Geraldton 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 licence.
7. I have never been declared bankrupt or placed into receivership.
8. I understand and acknowledge that the City of Greater Geraldton can refuse to issue licence, or cancel or suspend a licence at any time.
9. I do /do not have any convictions for any offences, anywhere (please tick appropriate box). If you have been convicted of any offence(s), please provide details below;

Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Receipt Number: _____
MDL Number: _____ State Issued: _____
Expiry Date: _____ Date Licence Issued: _____
Date Approved: _____

Public Liability Insurance

Company Name: _____
Policy Number: _____ Expiry Date: _____

Work's Compensation Insurance

Company Name: _____
Policy Number: _____ Expiry Date: _____

Conditions of Licence:

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 available to the City of Greater Geraldton.

IMPORTANT

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