

LICENCE PERIOD		
Date:	<input type="checkbox"/> Annual Licence	<input type="checkbox"/> Single Licence

APPLICANT DETAILS	
First Name/s:	Surname:
Position/ Title:	

TRADING DETAILS		
Company Name/ Trading Name of Business: <i>Business must be registered</i>		
ACN:	ABN:	
Director/s:		
Contact Name/s (if different):		
Business Address:		
Suburb:	State:	Post Code:
Postal Address:		
Suburb:	State:	Post Code:
Telephone:	Mobile:	
Facsimile:	Email:	

APPLICANT HISTORY		
<i>Where insufficient space provided, add additional pages</i>		
Number of years' experience in Monumental Masonry:		
Have you been convicted of any offence in the last 5 years, anywhere?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If "Yes" provide details:		
Have you ever been declared bankrupt or placed in receivership or are there any actions pending?	<input type="checkbox"/> Y	<input type="checkbox"/> N
If "Yes" provide details:		

INSURANCE REQUIREMENTS	
INSURANCE TYPE	INSURED AMOUNT
Public Liability	\$10,000,000 any one occurrence
Product Liability	\$10,000,000 any one occurrence and taken together.
Worker's Compensation	The contractor shall insure against liability for death of or injury to persons employed by the Contractor including liability by statute and at common law to a limit of not less than \$50,000,000.
Comprehensive Motor Vehicle and Third Party	Comprehensive Motor Vehicle and Third Party Liability for no less than \$20,000,000 any one occurrence

## INSURANCE DETAILS

Certificates of Currency of Public Liability, Product Liability, Workers Compensation and Motor Vehicle Comprehensive & Third Party, must be attached.

### Public/ Product Liability – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

### Workers Compensation – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

### Comprehensive/ Third Party Motor Vehicle – Certificate of Currency

Name of Insurer:

Attached

Policy Number:

Expiration:

## VEHICLE DETAILS

Please provide details of all vehicles to be used for masonry services:

Make/ Model:

Registration:

Year:

Please provide transport details:

## WORKING WITHIN CEMETERY CONDITIONS

Should your licence be approved, the following must be adhered to for each application prior to and at the time of work within City Cemeteries:

1. An Application for Monumental Works must be completed and approval received from the City prior to any work taking place;
2. Any approved monumental works require one weeks' notice to the City of Karratha to mark the site boundary;
3. The following details must be provided to the City:
  - Day/ Date/ Times you will be on location;
  - Equipment on location, vehicle description, registration numbers;
  - Personnel names on location and contact details;
4. You may not work over other plots;
5. Works may not be completed during times of a scheduled funeral.

Important: The applicant must complete the declaration on the following page.

## TERMS AND CONDITIONS

1. The information provided is true and correct to the best of my knowledge and belief;
2. I have been duly authorised by the company/trading business to make this application on its behalf;
3. This application is only valid upon payment of the set fee, City of Karratha approval and the issue of a Monumental Mason's Licence;

Should your application be approved by the City of Karratha:

1. You will comply with the laws of the State of Western Australia, including the *Cemeteries Act 1986*, the *City of Karratha Cemeteries Local Law 2017*, and any relevant future legislation as applicable;
2. You will comply with the Australian Standard AS4204-1994 Headstones and Cemeteries Monuments;
3. All monumental work must be carried out by a qualified Monumental Mason employed by the licenced company;
4. Where another Monumental Mason is sub-contracted to perform work on behalf of the licenced company, the contractor must be licenced separately as a Monumental Mason by the City of Karratha;
5. The licence is not transferable and may be cancelled or suspended by the City of Karratha, subject to your right of appeal;
6. You agree to maintain and provide current copies of all relevant insurance including but not limited to Public Liability Insurance Cover, Workers Compensation Insurance Cover and Comprehensive/Third Party Motor Vehicle Insurance Cover;
7. Should any of the details within your licence change, you will notify the City of Karratha immediately and a new application may be required;
8. You shall adhere to the policies, procedures and reasonable directions of the City of Karratha as the City may determine from time to time.

## DECLARATION AND SIGNATURE

*I agree to the above terms and conditions.*

Full Name (Print):

Position:

Business Name:

Signature:

Date:

## OFFICE USE ONLY

Public/ Product Liability Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Amount Required \$10,000,000
Workers Compensation Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Legislated Amount \$50,000,000
Motor Vehicle Cert:	<input type="checkbox"/> Y <input type="checkbox"/> N	Policy Amount: Comprehensive Amount Required \$20,000,000
Planning Approval:	<input type="checkbox"/> Y <input type="checkbox"/> N	Special Conditions:
Environmental Health Approval:	<input type="checkbox"/> Y <input type="checkbox"/> N	
Date Received:	Total Paid:	Receipt:
Reviewing Officer:	Sign:	Application Approved: <input type="checkbox"/> Y <input type="checkbox"/> N