

# Application - Monumental Mason's Licence - Single



Town of  
**Port Hedland**



Licence applications must be received 28 days prior to activation of Licence  
Licence applications without attached supporting documentation will not be accepted

## Section A – Applicants Details

Title:	Mr	Mrs	Ms	Dr
Surname:	First Name:			
Business Trading Name:				
Address Business Operates From:				
ABN (if applicable):	Post code:			
Phone:	Mobile:			
Email:				

## Section B – Insurance Details

Public Liability – Name of Insurer:		Copy Attached
Policy Number:	Expiry Date	Verified
Workers Compensation – Name of Insurer:		Copy Attached
Policy Number:	Expiry Date	Verified

- 1) I will comply with the Laws of the State of Western Australia, including the *Cemeteries Act 1986*, the Town of Port Hedland Local Laws and any policies, procedures and guidelines the Town may issue; including compliance with those standards contained within the Australian Standard AS4204-1994 Headstones and Cemeteries Monuments.
- 2) I acknowledge and accept that the erection of all monumental work will be carried out by a qualified monumental mason employed by the company detailed in this application.
- 3) Where another monumental mason is sub-contracted to perform work on behalf of the company detailed in this application, the person must be licensed as a monumental mason by the Town and produce their certificate of currency and third party insurance.
- 4) No monuments will be erected prior to approval from the Town being obtained.

- 5) I will make a separate application for each gravesite and will attach an accurate and fully dimensional plan/s of the memorial with all specifications, and a list of all proposed materials which will be used. Ornaments etc are to be shown and dimensioned.
- 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 will keep the Town informed of any changes in my personal or business details as they relate to the issue of my licence.
- 9) I understand and acknowledge that the Town can refuse to issue this licence, or cancel or suspend a licence at any time.

## Section H – Signature

I declare that all information provided in this application is accurate and reliable, and that I agree with the terms set out.

Signature:

Date:

## Section I – Office Use Only

Amount Paid: \$80

Date:

Receipt No:

Record No:

Date:

Approved By:

**Civic Centre**  
**McGregor Street**  
 PO Box 41  
 Port Hedland, WA 6721

**P (08) 9158 9300**  
**F (08) 9158 9399**  
 council@porthedland.wa.gov.au  
 www.porthedland.wa.gov.au



**Town of**  
**Port Hedland**



ABN 19 220 085 226