

Please print clearly in **BLOCK LETTERS** with a black pen.

Please tick the appropriate boxes.

Application is made to:

- register or renew registration of a mortuary and/or
 apply for or renew licence to carry out business as an undertaker

1 Applicant details

Your name	Full name	<input type="text"/>		
Postal address <input checked="" type="checkbox"/>	Street or PO	<input type="text"/>		
Daytime contact details	Phone	<input type="text"/>	Fax	<input type="text"/>
	Mobile	<input type="text"/>	Email	<input type="text"/>

2 Undertakers licence

New licence

Licence renewal

I hereby apply for a licence or renewal of a licence to carry out business as an Undertaker. The business name and location of each mortuary or other premises to be used for carrying out business as an Undertaker are listed under premises details below.

I have enclosed the annual registration fee(s).

Signature of applicant(s)	<input type="text"/>	Date	<input type="text"/>
---------------------------	----------------------	------	----------------------

3 Registration of a mortuary

New registration

Registration renewal

I hereby apply to register or renew registration of the premises listed below.

Attachments

Please provide with the original application, or if changes have been made since the last application.

I have attached (where relevant):

1. a site plan, drawn to scale and showing the lot and DP numbers or other relevant particulars of the site.
2. plans of the mortuary, drawn to a scale of 1:100 showing the dimensions of each part of the mortuary and the use.
3. a full description of sanitary arrangements under the following headings: ventilation, water supply, sewerage, drainage and removal of waste (including contaminated waste).

I have enclosed the annual registration fee(s).

Signature of applicant(s)	<input type="text"/>	Date	<input type="text"/>
---------------------------	----------------------	------	----------------------

3 Premises details

Premises current name	<input type="text"/>		
Location	No. and Street	<input type="text"/>	
	Town/Locality	Postcode	<input type="text"/>
Contact details	Phone	<input type="text"/>	Fax <input type="text"/>

4 Business conducted

Please list any procedures conducted or intended at the above premises

If necessary, write overleaf or attach separate sheet.

OFFICE USE ONLY



MORTUARY or UNDERTAKER application.dot

Receipt No.	<input type="text"/>	Allocation No.	<input type="text"/>
Receipt date	<input type="text"/>		
CS staff	<input type="text"/>	Application fee	\$ <input type="text"/>

Action Workflow: P&E Business Premises Registration Details