



TRIM Reference: _____

Applicant/
Principal Name: _____

Company or
Trading Name:

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: _____



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

Company Name: _____

Policy Number: _____ Expiry Date: _____

: R U N · V & R P S H Q V D W L R Q , Q V X U D Q F H

Company Name: _____

Policy Number: _____ Expiry Date: _____

Conditions of Licence:

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.

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