

# Operator Licence Application Form

V 1.0 May 2023

## Instructions

All cemetery and crematorium operators in NSW are required under the *Cemeteries and Crematoria Act 2013* (the Act) and *Cemeteries and Crematoria Regulation 2022* (the Regulation) to be licensed to operate (as per Part 2A clause 4B of the Regulation). The information in this Form will also be used to update the Cemeteries and Crematoria Register for new operators as required under Section 27 of the Act. The completion of a separate registration form is no longer required.

Please check and complete this form, and return it with any required attachments to Cemeteries and Crematoria NSW (CCNSW).

By Email: [ccsw.licensing@cemeteries.nsw.gov.au](mailto:ccsw.licensing@cemeteries.nsw.gov.au)

By Mail: Cemeteries & Crematoria NSW, Locked Bag 5022, Parramatta NSW 2124

Submitting this form does not create a binding arrangement with CCNSW. CCNSW will provide the applicant operator with notice in writing of the outcome of this application.

Further information on CCNSW is available at [www.cemeteries.nsw.gov.au](http://www.cemeteries.nsw.gov.au)

The cemetery and crematorium register is available at <https://www.cemeteries.nsw.gov.au/community/find-cemetery-or-crematorium>.

## Application Number

(office use only)

## Application Type (please tick as appropriate)

<input type="checkbox"/> New licence (Category 1, 2 or 3)	<input type="checkbox"/> New licence (Category 4 'Caretaker')	<input type="checkbox"/> Licence renewal (Category 1, 2 or 3)
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If you are applying for a Category 4 'Caretaker' licence no licence fee is applicable and you can proceed to Section A below.

## Fee (please tick as appropriate)

The application fee for a cemetery operator licence is \$800 (Regulation Part 2A clause 4C(2)(c)). You must pay this fee at the time of application.

For information on options on available fee reductions or waivers, see our Licensing Fee Policy.

<input type="checkbox"/> \$0 Financial hardship fee waiver application (please complete Appendix 2 and attach relevant documentation)	<input type="checkbox"/> \$0 Average of less than 10 interments (as per Section B)	<input type="checkbox"/> \$400 Average of less than 50 interments (as per Section B)	<input type="checkbox"/> \$800 Average of 50 or more interments (as per Section B)
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## Section A - Operator details

<b>Operator type</b>	<input type="checkbox"/> Company		<input type="checkbox"/> Individual (non-business/company)	
	<input type="checkbox"/> Crown Land Manager (CLM) Type of CLM: Click or tap here to enter text.		<input type="checkbox"/> Incorporated association	
	<input type="checkbox"/> Local Aboriginal Land Council		<input type="checkbox"/> Local Council	
	<input type="checkbox"/> Nominee on behalf of unincorporated association		<input type="checkbox"/> Other (please specify)	
<b>Operator name</b>	Click or tap here to enter text.			
<b>Operator address</b>	No.	Street & Suburb		Postcode
<b>Primary contact name</b>	Click or tap here to enter text.			
<b>Contact position title</b>	Click or tap here to enter text.			
<b>Telephone</b>	Click or tap here to enter text.		<b>Email</b>	Click or tap here to enter text.
<b>Secondary contact name</b>	Click or tap here to enter text.			
<b>Contact position title</b>	Click or tap here to enter text.			
<b>Telephone</b>	Click or tap here to enter text.		<b>Email</b>	Click or tap here to enter text.
<b>ABN and/or ACN and/or ACNC</b>	ABN: Click or tap here to enter text. ACN: Click or tap here to enter text. ACNC: Click or tap here to enter text.			

Is this an 'existing cemetery operator', being a cemetery operator named in the Cemeteries and Crematoria register before 14 October 2022?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Existing Licence Number (if applicable)	Click or tap here to enter text.

## Section B - Number of interments and cremations

(note that these will be used to determine operator categorisation)

	FY 2019/20	FY 2020/21	FY 2021/22	3 year average
Number of burials (interments of bodily remains) conducted	2019/20	2020/21	2021/22	3 year average
Number of ash interments (interments of cremated human remains) conducted	2019/20	2020/21	2021/22	3 year average
<b>Total interments</b>				
Cremation only Number of cremations conducted	2019/20	2020/21	2021/22	3 year average

Tick if you are a new operator and the above information is not available. Include details of proposed interments and/or cremations in Section C below.

## Section C - Facility details

Please provide information in relation to each facility that you operate, or propose to operate, in Appendix 1.

## Section D - Suitable person checks

This information is required for CCNSW to make a determination as to whether a person is a suitable person to hold a licence, in line with clause 4E of Part 2A of the Regulation.

Where the applicant is a council, you are not required to provide this information as a council is a body politic of the State that is separately regulated under the *Local Government Act 1993* and suitable person checks are not required.

**Please answer the following questions: (please tick as appropriate)**

<p>Has the applicant (or a Director of the applicant if the applicant is a corporation), within the previous 10 years, been convicted of a relevant offence?</p> <p><i>Relevant offence means the following offences, whether committed in this or another Australian jurisdiction:</i></p> <ol style="list-style-type: none"> <li>1. an offence against the Act or the Regulation;</li> <li>2. an offence relating to the provision of interment services; and/or</li> <li>3. an offence involving fraud or dishonesty.</li> </ol>	<input type="checkbox"/> Yes – please attach further detail <input type="checkbox"/> No
<p>Has the operator contravened the Act, the Regulation or a condition of an existing licence held by the cemetery operator under the Act (including a condition of a suspension or cancellation of an existing licence)?</p>	<input type="checkbox"/> Yes – please attach further detail <input type="checkbox"/> No
<p>Is the applicant (or a Director of the applicant if the applicant is a corporation) an undischarged bankrupt?</p>	<input type="checkbox"/> Yes – please attach further detail <input type="checkbox"/> No
<p>Has the applicant (or a Director of the applicant if the applicant is a corporation) held an equivalent licence under the law of another Australian jurisdiction that has been suspended or cancelled, other than at the person's request?</p>	<input type="checkbox"/> Yes – please attach further detail <input type="checkbox"/> No
<p>Has the entity or any affiliated entities (or related body corporate) entered into voluntary administration, receivership, liquidation or insolvency in the past 10 years?</p>	<input type="checkbox"/> Yes – please attach further detail <input type="checkbox"/> No

## Supporting documentation checklist

Facility details for each facility provided (Appendix 1)	<input type="checkbox"/>
Financial hardship information, if applying for a waiver on this basis (Appendix 2)	<input type="checkbox"/>
Further details regarding suitable persons check (if applicable)	<input type="checkbox"/>
<p>For nominees on behalf of unincorporated associations –evidence that the nominee is fully indemnified by a legal entity</p> <ul style="list-style-type: none"> <li>• Copy of a formal Deed of Indemnity, or other reasonable instrument to the satisfaction of CCNSW, is required</li> </ul>	<input type="checkbox"/>
<p>Proof of authority for signatories to sign this application form, for example:</p> <ul style="list-style-type: none"> <li>• 100-point proof of identity documentation (for individuals)</li> <li>• Current ASIC Company Extract (for companies)</li> <li>• Other documentation evidencing appointment of authorised signatories (incorporated associations, councils, Local Aboriginal Land Councils etc.)</li> </ul>	<input type="checkbox"/>

Cemeteries & Crematoria NSW may require you to provide further documents or information.

## Signature

Each of the below signatories makes the following declaration:

1. I declare that I am authorised to complete and lodge this application.
2. I certify that the information provided with this application is true and correct to the best of my knowledge and belief. I understand under the *Crimes Act 1900* (NSW) Part 5A, that knowingly or recklessly giving false or misleading information is a serious offence which may result in prosecution.

I consent to the publication of the operator name, licence number and licence category on the Cemeteries and Crematoria Register. Please attach proof of authority for each signatory to sign this Licence Application Form (see previous page).

For information on who is authorised to sign this application on behalf of each category of operator, please refer to the Licensing Guide.

Name (Print)	Click or tap here to enter text.
Position	Click or tap here to enter text.
Date	Click or tap here to enter text.
Signature	Click or tap here to enter text.

Name (Print)	Click or tap here to enter text.
Position	Click or tap here to enter text.
Date	Click or tap here to enter text.
Signature	Click or tap here to enter text.

**Privacy notice:** All information collected will be held by CCNSW and may be shared with the Department of Planning & Environment (the agency in which CCNSW sits) if necessary. The information will be used to administer and manage operators of interment facilities in accordance with the requirements of the Act and Regulation. The information will not be shared with any other third party except where required by law, and all information provided will be managed in accordance with provisions of the Department's privacy management plan, policies and the *Privacy and Personal Information Protection Act 1998*. Providing the requested information is voluntary, however we may not be able to issue or renew an operator licence for you if you do not provide the requested information. You have the right to contact us at any time, using the email or postal address above, in order to see what information we hold about you, or to update or amend your information

## Appendix 1: Facility information

(can include multiple pages as needed, with below table to be completed per facility operated)

<b>Facility type</b> (tick all that apply)	<input type="checkbox"/> Cemetery (including Columbarium, Niche Wall or Memorial Garden)	<input type="checkbox"/> Cemetery and crematorium	<input type="checkbox"/> Cremation only facility	<input type="checkbox"/> Other type of facility (including aquamation and cryonics facilities) Please specify: Click or tap here to enter text.	
<b>Operational status</b>	<input type="checkbox"/> Active		<input type="checkbox"/> Inactive (no longer open for interments other than in certain limited circumstances)		
<b>Facility name</b>	Click or tap here to enter text.				
<b>CCNSW facility number</b>					
<b>Facility address</b>	No.	Street & Suburb	Postcode		
<b>Cemetery land ownership</b> (please tick all that apply)	<input type="checkbox"/> Crown	<input type="checkbox"/> Council	<input type="checkbox"/> Community, Church or not-for-profit property trust	<input type="checkbox"/> Private (or freehold)	<input type="checkbox"/> Leased
<b>Name of landowner (if different to operator)</b>	Click or tap here to enter text.				
<b>Facility Lot and DP details</b>	Click or tap here to enter text.				
<b>Local Government Area</b>	Click or tap here to enter text.				
<b>Primary contact name</b> (If different to operator contact details)	Click or tap here to enter text.				
<b>Contact position title</b>	Click or tap here to enter text.				
<b>Secondary contact name (if different to operator contact details)</b>	Click or tap here to enter text.				
<b>Contact position title</b>	Click or tap here to enter text.				
<b>Telephone</b> Click or tap here to enter text.	<b>Mobile</b> Click or tap here to enter text.				

**Email** Click or tap here to enter text.

**Additional information and/or comments regarding this facility, including:**

- Any relevant State Heritage Register listings
- For Category 4 Caretaker operators, any details of intended interments in this facility (as per Licence Condition G.1)
- For new cemetery operators, proposed number of interments for the cemetery / crematoria over the next three years

Click or tap here to enter text.

EXAMPLE



## Appendix 2 – Financial Hardship Fee Waiver or Reduction Application

The application fee for a cemetery and/or crematoria operator licence is \$800 (Regulation Part 2A clause 4C(2)(c)). You must pay this fee at the time of application.

The Cemeteries Agency (CCNSW) may refund, reduce or waive applications fees by written notice on various grounds, including if CCNSW is satisfied the person who must pay the fee is suffering financial hardship (Regulation clause 4C (4)).

**Please only complete this appendix form if you are applying for a waiver or reduction due to financial hardship.**

The other waiver and reduction options are automatically applied if selected on the application form and this Appendix 2 is not required to be completed.

CCNSW will consider financial hardship on a case-by-case basis.

### Circumstances for application

Financial hardship

Please state the grounds on which this application is made:

Click or tap here to enter text.

Please indicate evidence of financial hardship and attach to this application.

*(please tick all that apply)*

<input type="checkbox"/> Signed audited financial statements or bank statements	<input type="checkbox"/> Last two signed tax returns and latest Notice of Assessment from the Australian Taxation Office (ATO)	<input type="checkbox"/> Most recent two years profit and loss account and balance sheets	<input type="checkbox"/> ACNC information and registration	<input type="checkbox"/> Not-for-profit status information	<input type="checkbox"/> Other (please indicate) Click or tap here to enter text.
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