



CASHEL TOWN COUNCIL

**LICENCE APPLICATION FOR MONUMENTAL SCULPTOR/CONTRACTOR
FOR CORMAC'S CEMETERY**

NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

INSURANCE DETAILS: (Please attach copy of insurance certificate)

Type of Insurance	Policy Number	Expiry Date	Amount
Public Liability			
Employers Liability			

PLEASE GIVE DETAILS OF ANY REGISTRATION/ASSOCIATION THAT YOU ARE A MEMBER OF:

INDEMNITY PROVIDED

YES **NO**

SIGNED: _____ **DATE:** _____

FOR OFFICE USE ONLY

LICENCE NO: _____