

SYNERGY/APPLICATION # AP

FILE NUMBER

PH.12.11



PO Box 614 Kununurra 6743
20 Coolibah Drive
KUNUNURRA

Koolama Street WYNDHAM

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F | 9168 1798
E | mail@swek.wa.gov.au
W | www.swek.wa.gov.au

8.00am - 4.00pm MON - FRI

Application for a Funeral Director's Licence

CEMETERIES ACT 1986

Use this form to apply for a new, or to renew an existing annual Funeral Director's Licence

1. APPLICANT

Full name:	IMEIDA CHARLOTTE ADAMSON AGARS		
Trading Name of Business:	ADAMSON AGARS		
Business address(es):	[REDACTED]		
Postal address:	[REDACTED]		
Work phone:	[REDACTED]	Mobile phone:	[REDACTED]
Fax number:	[REDACTED]	Home phone:	[REDACTED]
Email:	[REDACTED]		

2. SPECIFIC FUNERAL DIRECTOR INFORMATION:

For Annual ^{AD HOC} Period:	From:	23/4/2021	To:	30/4/2021
Number of years Applicant has held a Funeral Directors Licence:	swk NAU CK	2007 -2010	3 Years	
Have you been convicted of any offence, anywhere?	Yes	<input checked="" type="radio"/> No		
If 'yes' provide details:				
Have you ever been declared bankrupt or placed in receivership?	Yes	<input checked="" type="radio"/> No		
If 'yes' provide details:				

3. BUSINESS INFORMATION:

COMPANIES:

Full Name and Addresses of:

Director/s:

Manager/s:

Registered Office:

PARTNERSHIPS:

Full Name and Addresses of Partners:

IMEIDA CHARLOTTE ADAMSON AGARS & MARGARET
LOUISA ADAMSON

Business Insurance Certificate of Currency

Policy Number EVU756709BPK

Client Number EV246020

Client Name IMELDA ADAMSON-AGARS

IMELDA ADAMSON-AGARS
[REDACTED]

Notice Sent Via: Elders Insurance
ELDERS INSURANCE ALICE SPRINGS
ABN: 65 618 429 468
PO BOX 2131
ALICE SPRINGS NT 0871
(P) 08 8958 8877 (F) 0889588888
(E) insurancealicesprings@elders.com.au

Period of Insurance

From 15/04/2021 To 15/04/2022 at 4pm

Issued By
Elders Insurance (Underwriting Agency) Pty Limited

This certificate acknowledges that the policy referred to is in force for the period shown.
Details of the cover are listed below.

The Insured

IMELDA ADAMSON- AGARS

Cover Details

Location	[REDACTED]	Risk Number 1
Business	FUNERAL DIRECTING, NO COFFIN M	
Interested Party	None Noted	

Broadform Liability Section

Particulars	Total Sum Insured	Limit
Limit of liability, any one occurrence		\$20,000,000
Property in Your physical and legal control	\$250,000	
Excess	\$500 for property damage claims only	
	\$0 for personal injury claims	

End of Certificate.

3. ATTACHMENTS

Please **attach documentation** that will assist the Shire in determining that you meet the requirements of Section 17(2) of the Cemeteries Act, 1986, namely:

1. A letter outlining how the applicant satisfies the Board that it:
 - (a) Is of good repute and is fit to hold a funeral director's licence; and
 - (b) Has suitable facilities and equipment for handling and storing deceased persons and conducting funerals;Shall be entitled to be issued with a funeral director's licence.
2. Insurance Certificates of Currency

4. CERTIFICATION BY APPLICANT

- I hereby certify that the Shire's standard requirements appropriate to this application have been met;
- I agree to maintain Public Liability Insurance cover and Workers Compensation Insurance Cover (where applicable) as a condition of my licence;
- I agree to provide details of these insurance policies annually;
- I understand that this licence may be cancelled or suspended by the Shire, subject to my right of appeal.

Full Name and Capacity of Person Completing this Application:

Full Name (Print)	IMEUDA CHARLOTTE ADAMSON AGARS
Position Title	MANAGING PARTNER ADAMSON AGARS


.....
Applicant Signature

Date 14 / 04 / 2021

5. OFFICE USE ONLY

Received:		Referred to Council:	
Approved:		Licence Issued:	
Licence fee paid on	/ /	Receipt Number:	