



**DEPARTMENT OF FINANCIAL SERVICES**  
***Division of Funeral, Cemetery, and Consumer Services***  
**200 East Gaines Street**  
**Tallahassee, FL 32399-0361**

**APPLICATION FOR PRENEED LICENSE**

Under Section 497.453, Florida Statutes (F.S.). Before the Board of Funeral, Cemetery, and Consumer Services. This application shall be accompanied by payment of a \$505.00 nonrefundable application fee. All requirements must be satisfied within forty-five (45) days from date of request for additional information. The license, if approved, will be issued for the remainder of the annual period ending June 30 of each year. Each of the related forms referred to on this application is incorporated by reference in Rule 69K-1.001., F.A.C. *If you have any questions or need assistance in completing this application, please contact the Division of Funeral, Cemetery, and Consumer Services at (850) 413-3039.*

<b>Section 1. APPLICANT INFORMATION</b>																	
<p><i>Section 497.141(12)(a)-(c), F.S., provides: (a) The following licenses may only be applied for and issued to a natural person: 1. Embalmer apprentice; 2. Embalmer intern; 3. Funeral director intern; 4. Funeral director; 5. Funeral director and embalmer; 6. Direct disposer; 7. Monument establishment sales agent; and 8. Preneed sales agent. (b) The following licenses may be applied for and issued to a natural person, a corporation, a limited liability company, or a partnership: 1. Funeral establishment; 2. Centralized embalming facility; 3. Refrigeration facility; 4. Direct disposal establishment; 5. Monument establishment; 6. Cinerator facility; 7. Removal service; and 8. Preneed sales business under s. 497.453, F.S. (c) A cemetery license may only be applied for and issued to a corporation, partnership, or limited liability company.</i></p>																	
<p>Subsection 1A. Type of applicant (check one):</p> <p><input type="checkbox"/> Natural person (sole proprietorship, not incorporated)</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited liability company (LLC)</p> <p><input type="checkbox"/> Partnership</p>																	
<p>Subsection 1B. Changes to Existing License (if applicable):</p> <p><input type="checkbox"/> Change in Ownership                      Current Name:</p> <p><input type="checkbox"/> Change in Location                         License Number:</p>																	
<p>Subsection 1C. Name of applicant:</p> <p><i>(the license, if issued, will be issued in this name)</i></p>																	
<p>Subsection 1D.</p> <p>(1) If applicant is an individual person, state applicant's date of birth:</p> <p>(2) If applicant is an entity, state the date applicant was organized (e.g., date articles of incorporation were filed):</p>																	
<p><b>FOR OFFICE USE ONLY</b></p> <table border="0"> <tr> <td><b>BT</b></td> <td><b>TYCL</b></td> <td><b>FT</b></td> <td></td> </tr> <tr> <td>V</td> <td>3700</td> <td>L</td> <td>\$500</td> </tr> <tr> <td></td> <td>3800</td> <td>F</td> <td><u>\$ 5</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$505</td> </tr> </table>		<b>BT</b>	<b>TYCL</b>	<b>FT</b>		V	3700	L	\$500		3800	F	<u>\$ 5</u>				\$505
<b>BT</b>	<b>TYCL</b>	<b>FT</b>															
V	3700	L	\$500														
	3800	F	<u>\$ 5</u>														
			\$505														

Subsection 1E. If applicant is a corporation, LLC, or partnership, answer the questions in this Subsection:

- (1) Under the laws of what state was the applicant organized?
- (2) In what state is the applicant currently domiciled?
- (3) Is the applicant currently an entity in good standing under the business organization laws of Florida?

YES  NO

(4) Attach written documentary evidence that the applicant is an entity in good standing under the business organization laws of Florida (e.g., a "Certificate of Status" issued by the Division of Corporations of the Florida Department of State, or equivalent certification).

(5) If applicant is a corporation, limited liability company, or partnership, complete and attach to this application, the Division Form DFS-N1-1718, entitled "Business Entity – List of Principals." (see Section 497.141(12)(d), F.S.). *This form may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

Subsection 1F. If the license applied for is issued, will applicant do business under a name other than applicant's name as shown in this application? YES  NO

If YES, state all names applicant will do business under that are different from applicant's name as shown in this application:

### Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION

*Enter the name and contact information of the person the Division should contact concerning this application.*

Name:

Mailing address:

Phone number with area code: (     )     -

Email address:

### Section 3. APPLICANT'S PREFERRED MAILING ADDRESS

*Enter applicant's preferred mailing address this Division should use for routine correspondence and notices, if and after the license applied for is issued (e.g., renewal notices).*

Street or P.O. Box:

City:

State:

Zip Code:

### Section 4. ACTUAL BUSINESS LOCATION ADDRESS

*Enter the actual street address where operations under the license applied for will be conducted, if the license is issued. NO post office boxes or similar addresses allowed in this section.*

Street Address:

City:

County:

State:

Zip Code:

**Section 5. OTHER LICENSURE INFORMATION**

(a) Does the applicant now hold, or has applicant ever in the past held, a license or registration in Florida or any other state or jurisdiction, as a funeral director, embalmer, direct disposer, funeral establishment, direct disposal establishment, cinerator facility, removal service, centralized embalming facility, refrigeration service, cemetery, monument establishment, or preneed sales business?

YES  NO

*If your answer to the question in this Section is YES, you must fill out and submit with this application, Form DFS-NI-1717, "Other Licenses Form." You must disclose on that form details of each current or prior license that required a "YES" answer to any of the questions in this Section of this application. The "Other Licenses Form" may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

**Section 6. ADVERSE LICENSING HISTORY QUESTIONS**

*As used in this Section, "you" refers to applicant; "deathcare industry license" refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.*

(a) Have you ever had any deathcare industry license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? YES  NO

(b) Have you ever had any application for a deathcare industry license denied for any reason by any regulatory authority in Florida or any other state or jurisdiction? YES  NO

(c) Have you ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES  NO

(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction in regard to alleged misconduct or incompetency in the performance of work under a deathcare industry license? YES  NO

*If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, Form DFS-NI-1715, "Adverse Licensing Action History Form." You must disclose on that form details of each adverse licensing action and pending investigation that required a "YES" answer to any of the questions in this Section of this application. This form may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

**Section 7. CRIMINAL HISTORY QUESTIONS**

*For purposes of this section, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons:*

1. *If the applicant is a natural person, only the natural person making application.*
  2. *If the applicant is a corporation, all officers and directors of that corporation.*
  3. *If the applicant is a limited liability company, all managers and members of the limited liability company.*
  4. *If the applicant is a partnership, all partners.*
  5. *The licensed direct disposer or funeral director in charge.*
- (see Section 497.142(10)(e), F.S.)*

1. Has any person subject to disclosure requirements ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state of the United States or a foreign country, regarding any crime indicated below:

a. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of embalming, funeral directing, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. YES  NO

b. Any other felony not already disclosed under subparagraph 1. immediately above, which was committed within the 20 years immediately preceding the date this application is submitted. YES  NO

c. Any other misdemeanor not already disclosed under subparagraph 1. above, which was committed within the five (5) years immediately preceding the date this application is submitted? YES  NO

*If applicant circled YES to any of the above questions, there must be filed with this application a Form DFS-NI-1716, "Criminal History Form" by and regarding each person subject to disclosure requirements for whom the YES answer applies. There must be disclosed on that form details of every criminal action that required the "YES" answer to any of the above questions. That form may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

2. If YES was answered to any question above, name here every person subject to disclosure requirements (if none, write "none"):

**Section 8. PRIOR NAME INFORMATION**

Have you, the applicant, ever used, or been known by, any name other than the name under which you make this application?

YES  NO

If you answered YES, enter in the space below every such prior name in full, and the period of time it was used (attach additional sheets if necessary):

/ /  
/ /

**SECTION 9. MISCELLANEOUS MATTERS**

a. Please state the name and license number of the funeral establishment, cemetery company, direct disposal establishment or monument establishment under whose license this application is being made. Please provide a copy of the current license:

(1) Do you understand that pursuant to Section 497.465(3), F.S., if your qualifying funeral establishment or direct disposal establishment closes or fails to renew its license, you are requested to contact the Division to advise concerning what arrangements have been made to honor your outstanding preneed contracts? YES  NO

(2) Do you understand that pursuant to Section 497.465, F.S., if after your preneed license is issued you thereafter fail to renew the preneed license, you must immediately cease all preneed sales, and you must trust 100% of all amounts there after received from customers as installment payments or other payments for preneed sale made prior to the expiration of the preneed license? YES  NO

b. Please state the types of preneed contracts proposed to be written:

c. Pursuant to Section 497.453(1)(j), F.S., the applicant shall disclose the existence of all preneed contracts for service or merchandise entered into by the applicant, or by any other entity under common control with the applicant. As to each such contract, the applicant shall disclose the name and address of the contract purchaser, the status of the contract, and what steps or measures the applicant has taken to ensure performance of unfulfilled contracts, setting forth the treatment and status of funds received from the customer in regard to the contract, and stating the name and address of any institution where such funds are deposited and the number used by the institution to identify the account. (This information may be supplied on additional pages and attached to this application.)

d. Do you understand that the applicant's preneed contract forms and related forms shall be filed with and approved by the Division or Board prior to use? YES  NO

e. Has the applicant accepted funds for prearrangements, or entered into any preneed contracts funded by any method other than those permitted by Chapter 497, F.S., where the applicant is the beneficiary? YES  NO

f. Has the applicant ever been the subject of any bankruptcy proceeding or had a judgment filed against it, either present, past or pending? YES  NO

g. Do you understand that after licensure, you have a continuing duty under state law [Section 497.146, F.S.], to notify this Division within 30 days of any change in your mailing address?

YES  NO

*(A "Change of Address or Contact Data" form for individuals and entities may be found on the Division website)*

h. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check?

YES  NO

*Instructions concerning how and where to submit fingerprints may be reviewed and printed from the website of the Division of Funeral, Cemetery, and Consumer Services, online at <http://www.myfloridacfo.com/division/FuneralCemetery/> and click on the "Fingerprints" link for the information and procedures site online at <https://www.identogo.com/>.*

i. A Financial Statement, completed on an accrual basis, must be submitted with this application. Use Form DFS-F-32, "Financial Statement," if a natural person and Forms DFS-PNL-R2A, "Balance Sheet of Preneed Licensee," and DFS-PNL-R2B, "Income Statement," if an entity. *This form may be obtained from the website of the Division, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

j. A Form DFS-HistS, "Historical Sketch," shall be completed by any person with power to direct the management or policies of the applicant. *This form may be obtained from the website of the Division, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

k. Applicant may attach to this application one or more additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? YES  NO  If yes, how many pages:

**Section 10. APPLICANT'S CERTIFICATION & SIGNATURE**

*All applications shall be signed by the applicant. Signatures of the applicant shall be as follows:*

- 1. If the applicant is a natural person, the application shall be signed by the applicant.*
- 2. If the applicant is a corporation, the application shall be signed by the corporation's president.*
- 3. If the applicant is a partnership, the application shall be signed by a partner, who shall provide proof satisfactory to the licensing authority of that partner's authority to sign on behalf of the partnership.*
- 4. If the applicant is a limited liability company, the application shall be signed by a member of the company, who shall provide proof satisfactory to the licensing authority of that member's authority to sign on behalf of the company. (Section 497.141(12)(f), F.S.)*

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, F.S., relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery, and Consumer Services in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files, concerning me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

*Mail completed application with all attachments, and required fees to:*

Division of Funeral, Cemetery, and Consumer Services  
Revenue Processing  
P.O. Box 6100  
Tallahassee, FL 32314-6100

**Section 11. FEIN OR CONFIDENTIAL SOCIAL SECURITY NUMBER**

Enter Applicant's FEIN or Social Security Number:

**Privacy Statement:**

*Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under Section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.*

*Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666, and Section 497.141(2), F.S. The purpose(s) for the requested information is that social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery, and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.*

*A copy of this Privacy Statement is provided to you as required by Section 119.071(5)(a)3., F.S.*



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
 200 East Gaines Street  
 Tallahassee, FL 32399- 0361

**Business Entity – List of Principals**

This form is used to identify principals of an applicant, as required by s. 497.141(12)(d), Florida Statutes.

<b>Section 1. APPLICANT INFORMATION</b>
Name of applicant:  <i>(the license, if issued, will be issued in this name)</i>
Type of applicant (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Partnership
<b>Section 2. IDENTIFICATION OF PRINCIPALS</b>
Identify below all persons involved in the entity making the application, meeting any of the following descriptions in regard to the applicant: officers, managers, managing members, partners, general partners, limited partners, managing partners, directors, all stockholders controlling more than 10 % of the voting stock, and all other persons who can exercise control over the applicant. <b>PLEASE PROVIDE SOCIAL SECURITY NUMBERS FOR EACH PRINCIPAL ON LAST PAGE.</b>
<b>(1) Name :</b> <b>Date of Birth (mm/dd/yy):</b> /        / <b>This person is a (check all applicable):</b> <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Corporate Director <input type="checkbox"/> Stockholder controlling more than 10 % of the voting stock <input type="checkbox"/> LLC Member <input type="checkbox"/> LLC Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other person who can exercise control over the applicant.  <b>Specific functional title, if any (e.g., CEO, General Counsel, CFO, etc):</b>
<b>(2) Name :</b> <b>Date of Birth (mm/dd/yy):</b> /        / <b>This person is a (check all applicable):</b> <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Corporate Director <input type="checkbox"/> Stockholder controlling more than 10 % of the voting stock <input type="checkbox"/> LLC Member <input type="checkbox"/> LLC Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other person who can exercise control over the applicant.  <b>Specific functional title, if any (e.g., CEO, General Counsel, CFO, etc):</b>
<b>(3) Name :</b> <b>Date of Birth (mm/dd/yy):</b> /        / <b>This person is a (check all applicable):</b> <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Corporate Director <input type="checkbox"/> Stockholder controlling more than 10 % of the voting stock <input type="checkbox"/> LLC Member <input type="checkbox"/> LLC Manager <input type="checkbox"/> Partner <input type="checkbox"/> Other person who can exercise control over the applicant.  <b>Specific functional title, if any (e.g., CEO, General Counsel, CFO, etc):</b>



Applicant's Social Security No. or FEIN:

(If applicant is an individual person, enter SSN; otherwise enter FEIN.)

Social Security No. of Principal #1:

Social Security No. of Principal #2:

Social Security No. of Principal #3:

Social Security No. of Principal #4:

Social Security No. of Principal #5:

Social Security No. of Principal #6:

Social Security No. of Principal #7:

Social Security No. of Principal #8:

Continuation of additional principals' Social Security Nos., if needed:

**Purpose and Use:**

*The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.*



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
 200 East Gaines Street  
 Tallahassee, FL 32399- 0361

## OTHER LICENSES FORM

This form is used in conjunction with various main license application forms to provide details concerning other licenses now or previously held.

Section 1. IDENTIFYING INFORMATION				
<b>First name:</b>	<b>MI:</b>	<b>Last Name:</b>		
<b>Or Establishment Name:</b>				
<b>Email Address:</b>		<b>Birth Date (mm/dd/yyyy):</b> /     /		
Section 2. OTHER LICENSES				
<i>General Instructions:</i> "Type of License" – example, "funeral director." Dates -- if you do not know the exact date, enter month and year. "State where issued" – if issued in a foreign country, enter name of country. Name of Licensing authority – example, "Utah Embalmer's Board." Address of licensing authority – provide current full mailing address with zip code.				
#1 Type of License:	State where issued:	License number:	Date issued:	Currently in force? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, date terminated: /     /
Name of licensing authority: Address of licensing authority:				
#2 Type of License:	State where issued:	License number:	Date issued:	Currently in force? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, date terminated: /     /
Name of licensing authority: Address of licensing authority:				
#3 Type of License:	State where issued:	License number:	Date issued:	Currently in force? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, date terminated: /     /
Name of licensing authority: Address of licensing authority:				
Do you have other licenses or registrations to report? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, enter them on another copy of this form and attach to your application.				
_____ <b>Signature of Applicant</b>			_____ <b>Date signed</b>	

**Enter FEIN or Social Security Number:**

**Purpose and Use:**

*The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.*



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
**200 East Gaines Street**  
**Tallahassee, FL 32399- 0361**

**FINANCIAL STATEMENT**

I, (Name), (Address), do hereby submit the following complete statement of my financial condition as of , to the Department of Financial Services for the Department's use in connection with an application for authority to organize the (Name of Business) to be located at in the State of Florida, for the purpose of conducting Funeral/Cemetery Business.

CURRENT ASSETS

Cash on hand and in banks \$  
 Notes and accounts receivable  
 Life Insurance (Face value \$ ) Cash Surrender Value  
 Real Estate (List important Parcels on back value)  
 Other assets (List items on back)  
 Fixed Assets  
 List Items on back State Cost of Each (Enter Market Value)  
 Total Assets \$

CURRENT LIABILITIES

Accounts Payable  
 Notes Payable to Bank and Others  
 Interest on Taxes  
 Loans Payable within 12 Months

LONG TERM LIABILITIES

Loans Payable over 12 Months  
 Real Estate Mortgage Payable  
 Other Debts and Liabilities (List on back)  
 Total Liabilities \$  
 Net Worth \$  
 Total Liabilities and Net Worth \$

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others amounting to \$ .

CERTIFICATE

I hereby certify that the above statement of my financial condition is true and correct to the best of my knowledge and belief.

---

Signature

Date



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery, and Consumer Services*  
 200 East Gaines Street  
 Tallahassee, FL 32399-0361

**HISTORICAL SKETCH**

I, \_\_\_\_\_, submit the following information to the Board of Funeral, Cemetery, and Consumer Services for its use as a part of the license application filed pursuant to Chapter 497, Florida Statutes (F.S.), by

(name of entity applying)

Residence Address:

Street address:

City: Country: State: Zip Code:

Date of Birth: Place of Birth:

Home Phone No. Business Phone No.

Length of residence in community where I now live:

Relationship to Applicant:  
 (office held, % of ownership, etc.)

Value of my holding in the business (owned or subscribed for) \$

**EDUCATION RECORD**

No. of Years <u>Attended</u>	Graduated <u>Yes or No</u>	Degree <u>Received</u>	Name and Location <u>of School</u>
---------------------------------	-------------------------------	---------------------------	---------------------------------------

High School

College

Other



Next Previous Occupation

Length of Employment: From            to

Employer

Kind of Business

Street Address

Your Position

City and State

Supervisor's Name

Why did you leave?

=====

Next Previous Occupation

Length of Employment: From            to

Employer

Kind of Business

Street Address

Your Position

City and State

Supervisor's Name

Why did you leave?

- =====
2. Furnish the names and addresses of all banks with which you have done business during the past five years, designate the type of account, include the account number, and state whether each account is active or closed. I hereby agree that any of the referenced banks may release the information requested by the Department to determine my qualifications for the licensing.

Name  
of Bank

Address  
of Bank

Type of  
Account

Account  
Number

Open  
or Closed

\_\_\_\_\_  
Signature

3. Are you, and any company with whom you are connected, financially solvent?
  
4. Have you, or any company of which you are or were then an officer or member, ever been declared bankrupt? (If answer is in the affirmative, attach a complete, signed, notarized statement of the facts, together with the name and location of the court in which the proceedings were held or are pending.)
  
5. Have you any judgments against you? (If answer is in the affirmative, attach a complete, signed, notarized statement of the facts, together with the name and location of the court in which the proceedings were held or are pending.)
  
6. Has a license of any kind held by you been denied, suspended, or revoked? (If answer is in the affirmative, attach a complete, signed, notarized statement of the charges and facts, furnishing full details.)
  
7. Have you ever been convicted of, or pled nolo contendere to, any criminal offense involving dishonesty or a breach of trust? (If answer is in the affirmative, attach a complete signed notarized statement of the charges and facts.)
  
8. Please comment on any experience you have in the cemetery business:

### **APPLICANT'S CERTIFICATION AND SIGNATURE**

All applications shall be signed by the applicant. Signatures of the applicant shall be as follows:

1. If the applicant is a natural person, the application shall be signed by the applicant.
2. If the applicant is a corporation, the application shall be signed by the corporation's president.
3. If the applicant is a partnership, the application shall be signed by a partner, who shall provide proof satisfactory to the licensing authority of that partner's authority to sign on behalf of the partnership.
4. If the applicant is a limited liability company, the application shall be signed by a member of the company, who shall provide proof satisfactory to the licensing authority of that member's authority to sign on behalf of the company.

Section 497.141(12)(f), F.S.

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the forgoing Historical Sketch form and all attachments, and the facts stated in it are true and correct.

I declare that I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, F.S., relating to the license for which I have applied.

I hereby authorize any employer, court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery, and Consumer Services in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files, concerning me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed  
(must be less than 30 days prior to receipt by  
the Department)

**FEIN OR CONFIDENTIAL SOCIAL SECURITY NUMBER**

**Enter Applicant's FEIN or Social Security Number:**

**Privacy Statement:**

*Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under Section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.*

*Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666, and Section 497.141(2), F.S. The purpose(s) for the requested information is that social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery, and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.*

*A copy of this Privacy Statement is provided to you as required by Section 119.071(5)(a)3., F.S.*