



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

APPLICATION TO TRANSACT CEMETERY BUSINESS

Under Section 497.265, Florida Statutes.

The annual license fee is based on the annual gross sales of the cemetery during the preceding twelve month fiscal period.

LAST FISCAL YEAR ENDED: _____, 20 _____ ANNUAL GROSS SALES: \$ _____

GROSS SALES		REQUIRED
☐ \$	Zero thru \$ 24,999	Fee is \$ 255.00
☐ \$	25,000 thru \$ 99,999	Fee is \$ 355.00
☐ \$	100,000 thru \$ 249,999	Fee is \$ 605.00
☐ \$	250,000 thru \$ 499,999	Fee is \$ 905.00
☐ \$	500,000 thru \$ 749,999	Fee is \$ 1,355.00
☐ \$	750,000 thru \$ 999,999	Fee is \$ 2,255.00
☐ \$	1,000,000 thru \$4,999,999	Fee is \$ 3,255.00
☐ \$	5,000,000 and over	Fee is \$ 4,905.00

Section 1. ORGANIZATION INFORMATION

<u>Organization/Applicant Name:</u>	<u>If a Corporation, date of incorporation (mm/dd/yyyy):</u> _____
<u>Business Name (DBA):</u>	<u>If an Individual, date of birth (mm/dd/yyyy):</u> _____
<u>Phone Number:</u>	<u>Email Address:</u>

Section 2. ESTABLISHMENT LOCATION ADDRESS

<u>Street Address:</u>			
<u>City:</u>	<u>County:</u>	<u>State:</u>	<u>Zip Code:</u>

Section 3. MAILING ADDRESS

<u>Street Address or P.O. Box:</u>			
<u>City:</u>	<u>County:</u>	<u>State:</u>	<u>Zip Code:</u>

FOR OFFICE USE ONLY

<u>BT</u>	<u>TYCL FT</u>	<u>Fees are based on Gross Sales as stated above</u>
<u>V</u>	<u>3400 F</u>	<u>\$250 to \$4,900</u>
	<u>3800 F</u>	<u>\$ 5</u>
		<u>\$255 to \$4,905</u>

Section 4. MILITARY STATUS

Pursuant to Section 497.140, F.S., a member of the United States Armed Forces, such member's spouse, and a veteran of the United States Armed Forces who separated from service within two (2) years preceding the application for licensure, are exempt from the special unlicensed activity fee of \$5.00.

Are you a member of the United States Armed Forces, such member's spouse, or a veteran of the United States Armed Forces who separated from service within the last two (2) years?

NO

YES

If YES, attach one of the following to this application:

Military identification card

Military dependent identification card

Military service record

Military personnel file

Veteran record

Discharge paper

Other separation document that indicates such member is currently in good standing or such veteran was honorably discharged

Section 5. FEIN OR SOCIAL SECURITY NUMBER

Enter Applicant's FEIN or Social Security Number:

Purpose and Use:

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 42 U.S.C. Section 405, 42 U.S.C. Section 666(a), and section 497.141, F.S. The purpose(s) for the requested information is that social security numbers collected 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 section 119.07(1), F.S., and section 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 section 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.

Section 6 APPLICANT'S CERTIFICATION & SIGNATURE

Per Section 497.141, F.S., all applications shall be signed by the applicant 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.

Applicant's Signature.

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, prior to commencing operations under this license, I have complied or I will 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, Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning the applicant.

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 Office

P.O. Box 6100

Tallahassee, FL 32314-6100

Attach check or money order payable to Department of Financial Services