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

HISTORICAL SKETCH

I, _____, located at _____
(Name of Principal) (Address of Principal)
_____, do hereby submit the following information to the Department of Financial Services for its use as part of a licensure application filed, pursuant to chapter 497, F.S., by _____.
(Name of Entity Applying for Licensure)

Section 1. PRINCIPAL INFORMATION		
Name:		
Phone number with area code:		
Business phone number with area code:		
Email address:		
Street address:		
City:	State :	Zip Code:
Years residing at the above address:		
Date of birth:		
Place of birth:		

Section 2. ENTITY LOCATION ADDRESS			
Street Address:			
City:	County:	State:	Zip Code:
Phone number with area code:			

Section 3. PRINCIPAL'S RELATIONSHIP TO ENTITY
Title or office held:
Percent of ownership or similar:
Value of holding in the business (i.e. owned or subscribed for): $:

Section 4. PRINCIPAL'S EDUCATION RECORD				
	Name and Location of School:	No. of Years Attended:	Graduated?	Degree Received:
High School:			☐ YES ☐ NO	
College:			☐ YES ☐	
Other:			☐ YES ☐ NO	

Section 5. PRINCIPAL'S BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present director, officer, employee, partner, or owner.

Name and Location of Business:	Nature of Business:	Position Held:

Section 6. PRINCIPAL'S EMPLOYMENT HISTORY

Current or most recent occupation: _____ Length of employment: _____

Employer: _____

Employer's Address: _____

Kind of Business: _____

Your Position: _____

Supervisor's Name: _____

Reason for leaving: _____

Previous occupation: _____

Length of employment: _____

Employer: _____

Employer's Address: _____

Kind of Business: _____

Your Position: _____

Supervisor's Name: _____

Reason for leaving: _____

Previous occupation: _____

Length of employment: _____

Employer: _____

Employer's Address: _____

Kind of Business: _____

Your Position: _____

Supervisor's Name: _____

Reason for leaving: _____

Previous occupation: _____

Length of employment: _____

Employer: _____

Employer's Address: _____

Kind of Business: _____

Your Position: _____

Supervisor's Name: _____

Reason for leaving: _____

Section 7. PRINCIPAL'S BUSINESS BANK ACCOUNT

Provide the following information for all banks with which you have done business with during the past five years

Name and Location of Bank:	Type of Account:	Account Number:	Open or Closed:

Section 8. PRINCIPAL'S BACKGROUND

8A. Are you, and any company with whom you are connected to, financially insolvent? ☐ **YES** ☐ **NO**

8B. Have you, or any company of which you are or were an officer or member of, declared bankruptcy?

☐ **YES** ☐ **NO**

If **YES,** attach a complete, signed, notarized statement of the facts, and the name and location of the court in which the proceedings were held or are currently pending.

8C. Do you have any judgments against you?

☐ **YES** ☐ **NO**

If **YES,** attach a complete, signed, notarized statement of the facts, and the name and location of the court in which the proceedings were held or are currently pending.

8D. Has a license, of any kind, previously or currently held by you been denied, suspended, or revoked?

☐ **YES** ☐ **NO**

If **YES,** attach a complete, signed, notarized statement of the license type, issuing body, charges, and facts surrounding the denial, suspension, or revocation.

8E. Have you even been convicted or, or pled nolo contendere to, any criminal offense involving dishonesty or a breach of trust?

☐ **YES** ☐ **NO**

If **YES,** attach a complete, signed, notarized statement of the charges and facts.

8F. Please comment on any experience you have in any business regulated under chapter 497, F.S.

Section 9. 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 10. CERTIFICATION & 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 hereby agree that any of the reference banks may release the information requested by the DEpartment to determine my qualifications for licensing.

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 Historical Sketch to:

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