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

APPLICATION FOR CINERATOR FACILITY LICENSURE

Under Section 497.606, Florida Statutes.

NONREFUNDABLE REQUIRED FEES

If applying in first year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an even year to Nov. 30 of an odd year)	If applying in second year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an odd year to Nov. 30 of an even year)
$450 Licensure fee $450 Inspection fee (prelicense inspection and year 2 inspection) $ 5 Unlicensed activity fee $905 Total due with application	$450 Licensure fee $225 Inspection fee (prelicense inspection) $ 5 Unlicensed activity fee $680 Total due with application

This application form is for licensure of a cinerator facility. As used in this application: "Division" refers to the Division of Funeral, Cemetery, and Consumer Services; "Board" refers to the Board of Funeral, Cemetery, and Consumer Services; "F.A.C." refers to Florida Administrative Code; "F.S." refers to Florida Statutes; "Principal" includes any person involved in the business enterprise; "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.

Unless specifically indicated otherwise, all questions and requests for data in this application relate to the applicant.

Section 1. APPLICANT INFORMATION

1A. Applicant name:

1B: Type of applicant (*check one*):

- ☐ Natural person (sole proprietorship, not incorporated)
- ☐ Limited liability company (LLC)
- ☐ Corporation
- ☐ Partnership

FOR OFFICE USE ONLY

If applied in year one of biennial renewal cycle:

BT V
TYCL FT
2900 L
2900 E
3800 F
$450
$450 2 YR
INSPECTIONS $ 5
$ 905

If applied in year two of biennial renewal cycle:

BT V L
TYCL FT
2900
2900 E
3800 F
$450
$225 1 YR
INSPECTIONS $ 5
$680

Subsection 1C. What type of application is this? Check applicable.

☐ 1. Application for licensure of a new cinerator facility
☐ 2. Application for approval of change in ownership of an existing cinerator facility

If you checked box 2. above, please enter the license number and name of the cinerator facility under its current owner: License #: _____ Name: _____

Subsection 1D. Birth Date or Organized Date.

(1) If the Applicant is an individual person, state applicant's date and place of birth:

_____

(2) If the Applicant is an entity, state the date applicant was organized (e.g., date articles of incorporation were filed):

_____

Subsection 1E. If the Applicant is a corporation, LLC, or partnership, answer the following:

(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 on the Florida Secretary of State, Division of Corporations website? ☐ **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*). ☐ Attached ☐ Not attached

(5) If the applicant is a corporation, limited liability company, or partnership, complete and attach to this application the form entitled ***Business Entity – List of Principals.*** (*see Section 497.142, F.S.*).

☐ Attached ☐ Not attached

Subsection 1F. Business Name:

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

If YES, state all names the applicant will do business under that are different from the 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.			
Street or P.O. Box:			
City:	State:	Zip Code:	
Section 4. BUSINESS LOCATION ADDRESS			
Enter the street address where operations will be conducted, if the license is issued. NO post office boxes or non-street addresses are permitted in this section.			
Street Address:			
City:	County:	State:	Zip Code:
Phone number with area code:			

Section 5. OTHER LICENSURE INFORMATION

Does the applicant or any of its principals now hold, or has applicant or any of its principals ever in the past held, a deathcare industry license or registration in Florida or any other state or jurisdiction?

☐ **YES** ☐ **NO**

If the answer to the question above is YES, complete and attach to this application the ***Other Licenses Form*** for each current or prior license.

Section 6. ADVERSE LICENSING HISTORY QUESTIONS

(a) To the best of your knowledge, has the applicant or any of its principals 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) To the best of your knowledge, has the applicant or any of its principals 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) To the best of your knowledge, has the applicant or any of its principals ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the licensee?

☐ **YES** ☐ **NO**

(d) To the best of your knowledge, is the applicant or any of its principals 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 in relation to a deathcare industry license?

☐ **YES** ☐ **NO**

If the answer to any of the questions above is YES, complete and attach to this application the ***Adverse Licensing Action History Form.***

Section 7. CRIMINAL HISTORY QUESTIONS

For this section,"person subject to disclosure requirements" refers to and includes the following persons:

1. If the applicant is a natural person, only the natural person making the application.
2. If the applicant is a corporation, all principals of that corporation.
3. If the applicant is a limited liability company, all principals of the limited liability company.
4. If the applicant is a partnership, all principals of the partnership.
5. The licensed funeral director in charge.
   (see Section 497.142, F.S.)

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 or the United States or a foreign country, regarding any crime indicated below:

a. Any felony no matter when committed?

☐ **YES** ☐ **NO**

b. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.?

☐ **YES** ☐ **NO**

c. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted?

☐ **YES** ☐ **NO**

*If the answer to any of the above questions is YES, complete and attach to this application a **Criminal History Form**, which must be filed by each person subject to disclosure requirement for whom the YES answer applies.*

If YES was checked as to a, b, and/or c in section 7, list every person to whom any of the YES answers apply (attach additional pages if necessary):

1. *4.*

2. *5.*

3. *6.*

Section 8. PRIOR NAME INFORMATION

Has the applicant 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 it was used (attach additional pages if necessary):

1. *6.*

2. *7.*

3. *8.*

4. *9.*

5. *10.*

Section 9. MISCELLANEOUS MATTERS

1. Please state the name and license number of the Florida funeral director or direct disposer who will be in charge of the cinerator facility if this application is approved.

Name: License Number:

2a. Will the cinerator facility be located at the same address as a funeral establishment? ☐ **YES** ☐ **NO** 2b. If YES, do you understand that, pursuant to Section 497.606, F.S., the cinerator facility located at the same address as a funeral establishment may at no time have a direct disposer as licensee in charge?

☐ **YES** ☐ **NO**

3. If using traditional cremation, how many retorts will the cinerator facility have upon commencement of operations? (*See section 497.606, F.S.*)

4. Have all required Florida Department of Environmental Protection permits been obtained, as required by Section 497.606, F.S.? ☐ **YES** ☐ **NO**

5a. Will unembalmed bodies be kept on site? ☐ **YES** ☐ **NO**

5b. If YES, will the cinerator facility have on-site refrigeration facilities for storage of dead human bodies, complying with the requirements of Section 497.386, F.S.? ☐ **YES** ☐ **NO**

6. Will the cinerator facility display at its public entrance the name of the establishment, and the name of the funeral director or direct disposer in charge of the facility, as required by Section 497.606, F.S.? ☐ **YES** ☐ **NO**

7. Will the cinerator facility cremate anything other than human remains? (*see section 497.606, F.S.*)

☐ **YES** ☐ **NO**

8. Will the cinerator facility have a system of identification of human remains received for cremation, designed to track the identity of the remains from time of receipt until completion of the cremation and delivery of the cremated remains to the authorized person, or until otherwise disposed of in accordance with instructions from the authorized persons required by Rule 69K-22.004, F.A.C.? ☐ **YES** ☐ **NO**

9. Will the cinerator facility retain all signed contracts for cremation for a period of at least two (2) years, as required by Rule 69K-22.002, F.A.C.? ☐ **YES** ☐ **NO**

10. Will the cinerator facility have either on site or immediately available sufficient gasketed containers of a type required for the transportation of bodies as specified in applicable state rules, as required by Section 497.606, F.S.? ☐ **YES** ☐ **NO**

11. If using traditional cremation, upon completion of each cremation cycle, will the residual of the cremation be removed from the retort, pulverized, and placed in a separate container, as required by Rule 69K-22.004, F.A.C.? ☐ **YES** ☐ **NO**

12. Will the cinerator facility ensure that all alternative containers or caskets used for cremation contain no amount of chlorinated plastics not authorized by the Department of Environmental Protection, are composed of readily combustible materials suitable for cremation, are able to be closed to provide a complete covering for the human remains, are resistant to leakage or spillage, are rigid enough for handling with ease, and are able to provide for the health, safety, and personal integrity of the public and crematory personnel, as required by Section 497.606, f.S.? ☐ **YES** ☐ **NO**

13. Will the cinerator facility make required monthly reports to the Division of bodies cremated on the ***Report of Cases Embalmed and Bodies Handled***, including the names of persons cremated, the date and county of death, the name of each person supervising each cremation, the name and license number of the establishment requesting cremation, and the types of containers used to hold the body during cremation, as required by Section 497.606, F.S.? ☐ **YES** ☐ **NO**

14. The proposed cinerator facility must be inspected prior to issuance of a license, as required by Section 497.606, F.S.

On what date do you anticipate that the proposed cinerator facility will be ready to be inspected?

_____

15. Do you understand that, after licensure, you have a continuing duty under Section 497.146, F.S., to notify the Division within 30 days of any change in your mailing address? ☐ **YES** ☐ **NO**

To notify the Division of a change in mailing address, submit a ***Change of Mailing Address or Contact Data - Individuals***, or a ***Change of Mailing Address or Contact Data - Entities.***

16. Do you understand that as part of this application, fingerprints must be submitted for a criminal background check? ☐ **YES** ☐ **NO**

Instructions for Fingerprint Submission

17. Do you understand that as part of this application, as required by Section 497.608, F.S., you must complete and attach the ***Election of Procedures for Removal of Cremated Remains and Postcremation Processing***?

☐ **YES** ☐ **NO**

18. Applicant may attach to this application additional pages to explain any answer on this application, 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. 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 associated with initial licensure.

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 11. 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 12. 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.

12a. 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 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 the applicant.

_____ _____

Signature of Applicant Date Signed

_____

Name and Title

Answer the following only if this is an application for approval of a change in ownership.

12b. Change of Ownership. For an application for approval of a change in ownership of the facility, an officer or other duly authorized representative of the current owner must sign and date below, to signify their agreement that the applicant is authorized to file this application.

Signature of Current Owner

Date Signed

Name of person who signed above for current owner:

Select title of person signing above for current owner:

- ☐ Owner
- ☐ Officer
- ☐ Managing member of LLC
- ☐ Other as follows:

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

Attach check or money order payable to the Dept of Financial Services