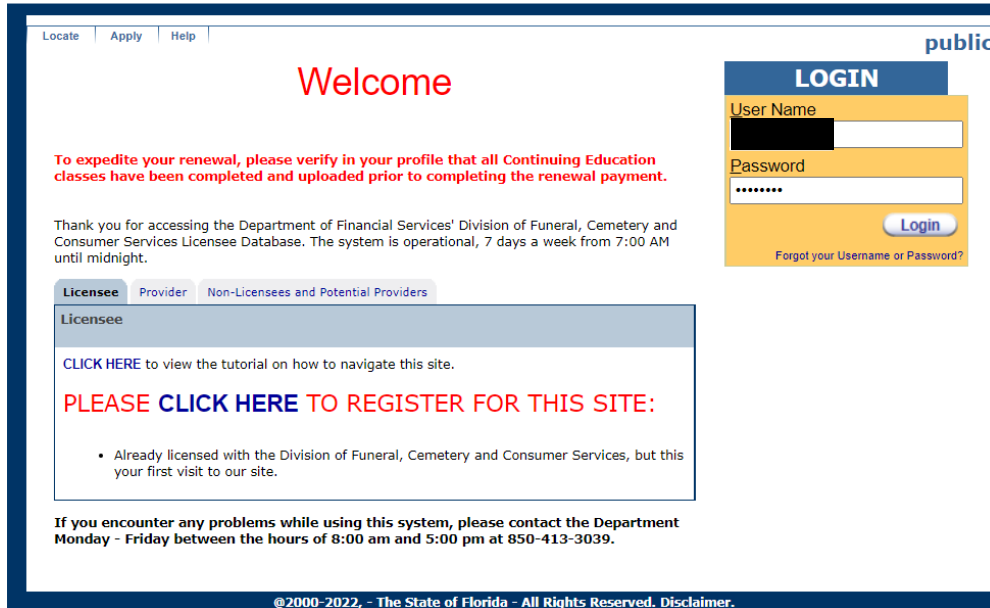


# Application for Refrigeration Facility Licensure Renewal

Application processing using Credit Card payment. Login to FACS-DICE.



Locate | Apply | Help public

## Welcome

**To expedite your renewal, please verify in your profile that all Continuing Education classes have been completed and uploaded prior to completing the renewal payment.**

Thank you for accessing the Department of Financial Services' Division of Funeral, Cemetery and Consumer Services Licensee Database. The system is operational, 7 days a week from 7:00 AM until midnight.

**LOGIN**

User Name  
[Redacted]

Password  
[Redacted]

[Login](#)

[Forgot your Username or Password?](#)

**LICENSEE** | Provider | Non-Licensees and Potential Providers

**LICENSEE**

[CLICK HERE](#) to view the tutorial on how to navigate this site.

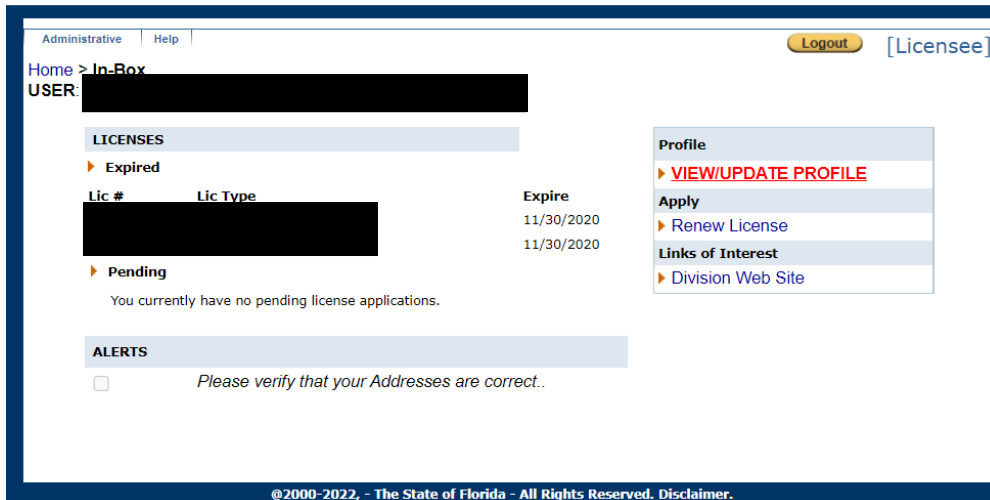
**PLEASE CLICK HERE TO REGISTER FOR THIS SITE:**

- Already licensed with the Division of Funeral, Cemetery and Consumer Services, but this your first visit to our site.

If you encounter any problems while using this system, please contact the Department Monday - Friday between the hours of 8:00 am and 5:00 pm at 850-413-3039.

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Click "Renew License" link.



Administrative | Help Logout [Licensee]

Home > In-Box  
USER: [Redacted]

**LICENSES**

▶ **Expired**

Lic #	Lic Type	Expire
[Redacted]		11/30/2020
[Redacted]		11/30/2020

▶ **Pending**

You currently have no pending license applications.

**ALERTS**

Please verify that your Addresses are correct..

**Profile**

- ▶ [VIEW/UPDATE PROFILE](#)

**Apply**

- ▶ [Renew License](#)

**Links of Interest**

- ▶ [Division Web Site](#)

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Select "Invoice" and click "Continue" button.



Administrative | Help | Logout | [Licensee]

Home > In-Box > License Renewal

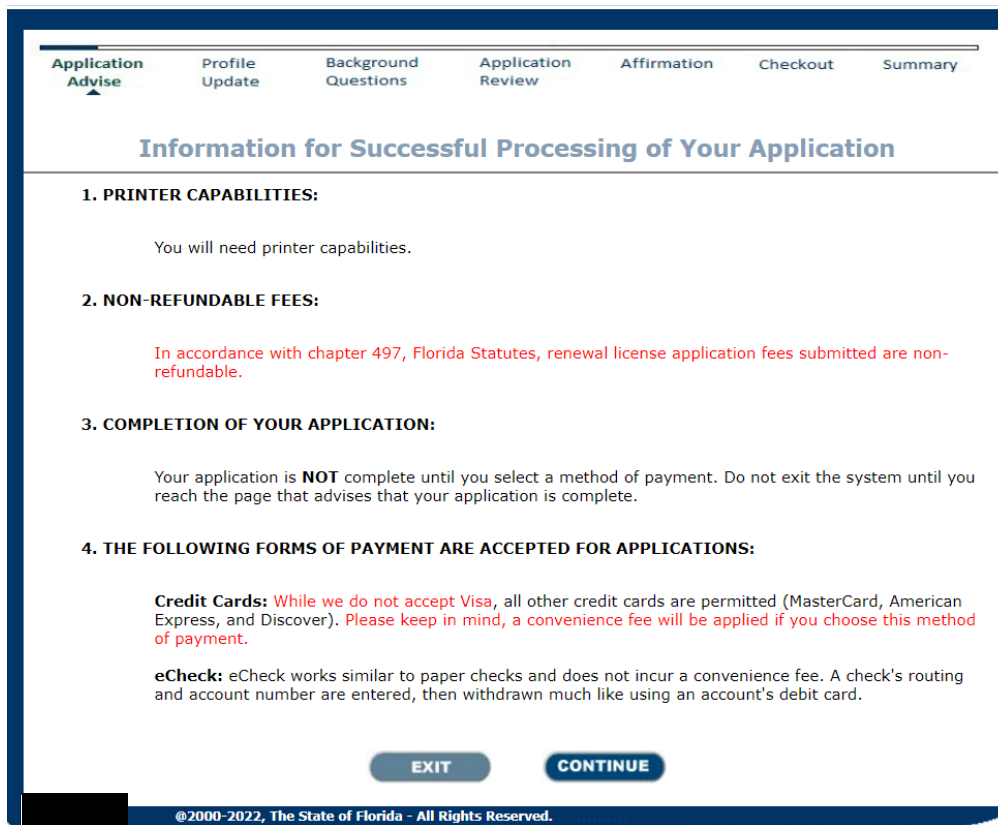
USER: [REDACTED]

Invoice Number	Name	License Number - License Type	Renewal Due Date	Renewal Fee	Late Fee
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00

Back Continue

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Click "Continue" button.



Application Advise | Profile Update | Background Questions | Application Review | Affirmation | Checkout | Summary

### Information for Successful Processing of Your Application

- 1. PRINTER CAPABILITIES:**

You will need printer capabilities.
- 2. NON-REFUNDABLE FEES:**

In accordance with chapter 497, Florida Statutes, renewal license application fees submitted are non-refundable.
- 3. COMPLETION OF YOUR APPLICATION:**

Your application is **NOT** complete until you select a method of payment. Do not exit the system until you reach the page that advises that your application is complete.
- 4. THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED FOR APPLICATIONS:**

**Credit Cards:** While we do not accept Visa, all other credit cards are permitted (MasterCard, American Express, and Discover). Please keep in mind, a convenience fee will be applied if you choose this method of payment.

**eCheck:** eCheck works similar to paper checks and does not incur a convenience fee. A check's routing and account number are entered, then withdrawn much like using an account's debit card.

EXIT CONTINUE

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Verify and update phone and/or fax number and click "Continue" button.

Application Advise   Profile Update   Background Questions   Application Review   Affirmation   Checkout   Summary

### APPLICANT INFORMATION

#### Application Contact

Name: [Redacted]  
License Number: [Redacted]  
Business Address: [Redacted]  
Preferred Mailing Address: [Redacted]  
Email: [Redacted]  
Primary Phone: [Redacted]  
Secondary Phone: [Redacted]  
**Business Phone:** [Redacted]  
Mobile Phone: [Redacted]  
Fax: [Redacted]

[EXIT](#)   [BACK](#)   [CONTINUE](#)

@2000-2022, The State of Florida - All Rights Reserved.

Select "Yes" or "No" and click "Continue" button.

<a href="#">Application Advise</a>	<a href="#">Profile update</a>	<a href="#">Background Questions</a>	<a href="#">Application Review</a>	<a href="#">Affirmation</a>	<a href="#">Checkout</a>	<a href="#">Summary</a>
------------------------------------	--------------------------------	--------------------------------------	------------------------------------	-----------------------------	--------------------------	-------------------------

### Background Questions

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[License Questions](#)

---

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the **most recent renewal**?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony no matter when committed.
2. **Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.**
3. 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.

"Principal" is defined as follows (see section **497.005(58)**, Florida Statutes) "Principal" **means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.**

Yes  
 No

[Redacted]

2160330

Select "Continue" button.

Application Advise	Profile Update	Background Questions	<b>Application Review</b>	Affirmation	Checkout	Summary
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**APPLICATION REVIEW**

**PRINT**

After you have confirmed that the application is complete and correct, we recommend that you print this page for your records. Please review the data and answers entered so far. If any are incorrect, you will need to restart this application process.

**CAUTION**--This screen does NOT complete the on-line application process. There are additional screens to process before your application is deemed complete.

**Florida Department of Financial Services**  
Division of Funeral, Cemetery & Consumer Services

---

**APPLICANT INFORMATION**

FEIN Number: [REDACTED]

Applicant's Name: [REDACTED]

Contact Information

Mailing Address: [REDACTED]

Contact Phone: [REDACTED]      Secondary Phone: [REDACTED]      Email Address: [REDACTED]

---

**FEE SUMMARY**

Renewal License(s) Applied For: [REDACTED]

Application ID Number: [REDACTED]      Invoice Number: [REDACTED]      License Number: [REDACTED]

Renewal Fee [REDACTED]  
Inspection Fee [REDACTED]  
Unlicensed Activity Fee [REDACTED]

**Total Fees Due:** [REDACTED]

Application to Renew License

---

**APPLICANT INFORMATION**

FEIN Number: [REDACTED]      Invoice Number: [REDACTED]

Applicant's Name: [REDACTED]      Application ID: [REDACTED]

License Number: [REDACTED]

Mailing Address: [REDACTED]

Business Location Address: [REDACTED]

Contact Phone: [REDACTED]      Secondary Phone: [REDACTED]      Email Address: [REDACTED]

---

**LICENSE INFORMATION**

Renewal License(s) Applied For: [REDACTED]

---

**FEE INFORMATION**

Renewal Fee [REDACTED]  
Inspection Fee [REDACTED]  
Unlicensed Activity Fee [REDACTED]

**Total Fees Due:** [REDACTED] \$

**BACKGROUND QUESTIONS**

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

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Yes/No

No

**DEFICIENCIES**

EXIT

@2000-2

Enter name and click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	<b>Affirmation</b>	Checkout	Summary
--------------------	----------------	----------------------	--------------------	--------------------	----------	---------

**APPLICATION**

PRINT

Please complete the following to indicate whether the information and answers provided in this on-line application is true and correct. Please type in the certifying person's name, and press Continue.

**CAUTION**-This screen does **NOT** complete the on-line application process. There are several more screens after this screen.

Whoever knowingly given false information in the course of applying for or obtaining a license under this chapter, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license under this chapter by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree.

Under penalties of perjury, I declare that I have read the foregoing application for license and that the facts stated in it are true. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Statute 497.152 (4)(f)(g)(h) may result in the denial of your renewal application and/or the revocation of my Funeral Industry licenses(s).

I understand that, per 497 Florida Statutes, all application fees are non-refundable

Last, First Name:

EXIT      BACK      **CONTINUE**

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Select credit card and click "Continue" button.

Select "OK".

Enter customer information and click "Next" button.

1 Payment Type   2 Customer Info   3 Payment   4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Convenience Fee		1	
2	Service Amount		1	
Total				

### Payment

Payment Type ✓

**Credit/Debit Card**

Customer Information Complete all required fields [\*]

Country \*  
 ✓

First Name \*  ✓      Last Name \*  ✓

Address \*  
 ✓

Address 2

City \*  ✓      State \*  ✓

ZIP/Postal Code \*  ✓

Phone Number  ✓

Email \*  ✓

**Next >**

Payment Information

**Cancel**

### Transaction Summary

Convenience Fee	
Service Amount	
<b>TOTAL</b>	

### Need Help?

Please complete the Customer Information Section.

Enter valid payment information and click "Next" button.

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Convenience Fee	[REDACTED]	1	[REDACTED]
2	Service Amount	[REDACTED]	1	[REDACTED]
Total				[REDACTED]

### Payment

**Payment Type** ✓

**Credit/Debit Card**

**Customer Information** ✓

**Address**  
Test Payment  
200 E Gaines St  
Tallahassee, FL 32301

**Phone Number**  
8504131577

Edit

**Country**  
United States

**Email Address**  
Test@myfloridacfo.com

**Payment Information**

Complete all required fields [ \* ]

**Credit Card Number \*** ?

✓

**Credit Card Type**

**Expiration Month \***

✓

**Expiration Year \***

✓

**Security Code \*** ?

**Name on Credit Card \***

Test Payment

✓

Payment Address is the same as Customer Information \*

Next >

Cancel

### Transaction Summary

Convenience Fee	[REDACTED]
Service Amount	[REDACTED]
<b>TOTAL</b>	[REDACTED]

### Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

Click "Submit Payment" button.

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Convenience Fee		1	
2	Service Amount		1	
Total				

### Payment

**Payment Type** ✓

**Credit/Debit Card**

**Customer Information** ✓

**Address**  
 Test Payment  
 200 E Gaines St  
 Tallahassee, FL 32301

**Phone Number**  
 8504131577

**Country**  
 United States

**Email Address**  
 Test@myfloridacfo.com

**Payment Information** ✓

**Credit Card**

**Name on Credit Card**  
 Test Payment

Cancel
Submit Payment

### Transaction Summary

Convenience Fee	
Service Amount	
<b>TOTAL</b>	

### Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Submit Payment.

Click "Continue" button. User will be redirected to FCCS eAppoint website with confirmation number.

Application Advise Profile Update Background Questions Application Review Affirmation Checkout Summary

### SUMMARY

**PRINT**

Print a hard copy for your records or write down the confirmation number and the payment identification number for your records. Press continue to complete the application process.

**CAUTION** - Do not use your back button on your browser. This will cause you to begin the application process over again.

Name: [REDACTED]  
FEIN: [REDACTED]  
Mailing Address: [REDACTED]

Payment ID: [REDACTED]

Applied For: [REDACTED]

Credit Card Confirmation Number: [REDACTED]

**CONTINUE**

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Click "Exit" button.

Application Advise Profile Update Background Questions Application Review Affirmation Checkout Summary

### SUMMARY

Thank you for submitting your application for a renewal license to the Department.

The initial review of your application will take place within 14 business days. Applicants with a reportable criminal history are reviewed on a case-by-case basis and may take up to 90 days for a final decision.

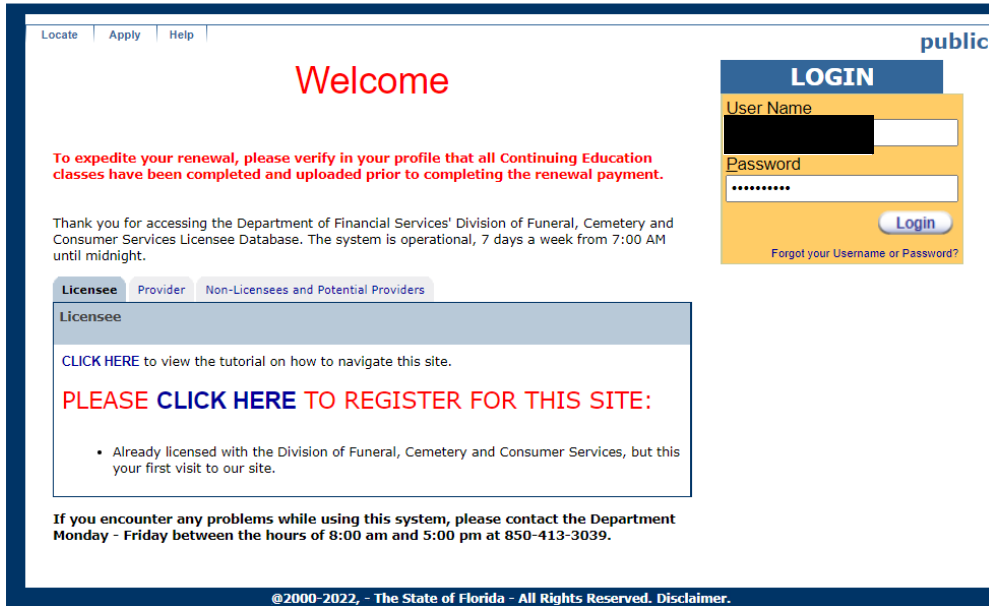
You are welcome to call the Florida Department of Financial Services, Division of Funeral, Cemetery and Consumer Services. However, calling **will not expedite** the processing of your application.

If you have any questions, please contact the Division at 1-800-323-2627 or 850-413-3039 for assistance.

**EXIT**

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Application processing using E-Check payment. Login to FACS-DICE.



Locate | Apply | Help public

## Welcome

**To expedite your renewal, please verify in your profile that all Continuing Education classes have been completed and uploaded prior to completing the renewal payment.**

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**LOGIN**

User Name  
[Redacted]

Password  
[Redacted]

[Forgot your Username or Password?](#)

**LICENSEE** | Provider | Non-Licensees and Potential Providers

LICENSEE

[CLICK HERE](#) to view the tutorial on how to navigate this site.

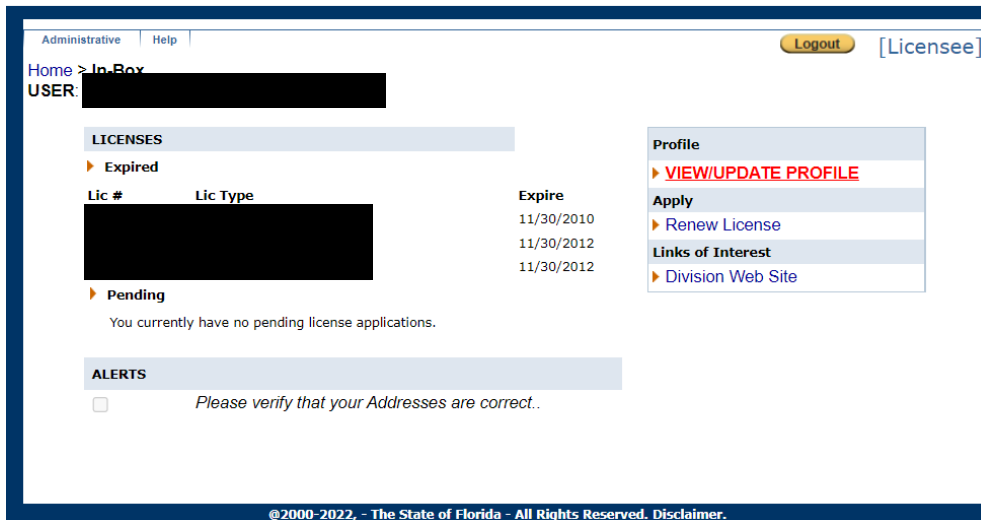
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Click "Renew License" link.



Administrative | Help Logout [Licensee]

Home > In-Box  
USER: [Redacted]

**LICENSES**

▶ **Expired**

Lic #	Lic Type	Expire
[Redacted]	[Redacted]	11/30/2010
[Redacted]	[Redacted]	11/30/2012
[Redacted]	[Redacted]	11/30/2012

▶ **Pending**

You currently have no pending license applications.

**ALERTS**

Please verify that your Addresses are correct..

**Profile**

▶ [VIEW/UPDATE PROFILE](#)

**Apply**

▶ [Renew License](#)

**Links of Interest**

▶ [Division Web Site](#)

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Select invoice and click "Continue" button.

Administrative | Help | Logout [Licensee]

Home > In-Box > License Renewal

USER: [REDACTED]

Invoice Number	Name	License Number - License Type	Renewal Due Date	Renewal Fee	Late Fee
<input checked="" type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$50.00

Back Continue

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Click "Continue" button.

Application Advise | Profile Update | Background Questions | Application Review | Affirmation | Checkout | Summary

### Information for Successful Processing of Your Application

- 1. PRINTER CAPABILITIES:**

You will need printer capabilities.
- 2. NON-REFUNDABLE FEES:**

In accordance with chapter 497, Florida Statutes, renewal license application fees submitted are non-refundable.
- 3. COMPLETION OF YOUR APPLICATION:**

Your application is **NOT** complete until you select a method of payment. Do not exit the system until you reach the page that advises that your application is complete.
- 4. THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED FOR APPLICATIONS:**

**Credit Cards:** While we do not accept Visa, all other credit cards are permitted (MasterCard, American Express, and Discover). Please keep in mind, a convenience fee will be applied if you choose this method of payment.

**eCheck:** eCheck works similar to paper checks and does not incur a convenience fee. A check's routing and account number are entered, then withdrawn much like using an account's debit card.

EXIT CONTINUE

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Verify and update phone and/or fax number and click "Continue" button.

Application Advise Profile Update Background Questions Application Review Affirmation Checkout Summary

### APPLICANT INFORMATION

Application Contact

Name: [Redacted]  
License Number: [Redacted]  
Business Address: [Redacted]  
Preferred Mailing Address: [Redacted]  
Email: [Redacted]  
Primary Phone: [Redacted]  
Secondary Phone: [Redacted]  
**Business Phone:** [Redacted]  
Mobile Phone: ( [ ] ) [ ] - [ ]  
Fax: ( [ ] ) [ ] - [ ]

EXIT BACK CONTINUE

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Select "Yes" or "No" and click "Continue" button.

Application Advise Profile update Background Questions Application Review Affirmation Checkout Summary

### Background Questions

License Questions

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

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

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

Yes  
 No

[Redacted] [Redacted]

2160330

Click "Continue" button.

Application Advise	Profile Update	Background Questions	<b>Application Review</b>	Affirmation	Checkout	Summary
--------------------	----------------	----------------------	---------------------------	-------------	----------	---------

**APPLICATION REVIEW**

**PRINT**

After you have confirmed that the application is complete and correct, we recommend that you print this page for your records. Please review the data and answers entered so far. If any are incorrect, you will need to restart this application process.

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**Florida Department of Financial Services**  
Division of Funeral, Cemetery & Consumer Services

---

**APPLICANT INFORMATION**

FEIN Number: [REDACTED]

Applicant's Name: [REDACTED]

**Contact Information**

Mailing Address: [REDACTED]

Contact Phone: [REDACTED]      Email Address: [REDACTED]

---

**FEE SUMMARY**

Renewal License(s) Applied For: [REDACTED]

Application ID Number: [REDACTED]      Invoice Number: [REDACTED]      License Number: [REDACTED]

Renewal Fee [REDACTED]  
Inspection Fee [REDACTED]  
Unlicensed Activity Fee [REDACTED]  
Late Fee [REDACTED]

**Total Fees Due:** [REDACTED]

---

Application to Renew License

---

**APPLICANT INFORMATION**

FEIN Number: [REDACTED]      Invoice Number: [REDACTED]

Applicant's Name: [REDACTED]      Application ID: [REDACTED]

License Number: [REDACTED]

Mailing Address: [REDACTED]

Business Location Address: [REDACTED]

Contact Phone: [REDACTED]      Email Address: [REDACTED]

---

**LICENSE INFORMATION**

Renewal License(s) Applied For: [REDACTED]

---

**FEE INFORMATION**

Renewal Fee [REDACTED]  
Inspection Fee [REDACTED]  
Unlicensed Activity Fee [REDACTED]  
Late Fee [REDACTED]

**Total Fees Due:** [REDACTED]

(Continued from prior page)

**BACKGROUND QUESTIONS**

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

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Yes/No

No

**DEFICIENCIES**

EXIT

@2000-2

Enter name and click "Continue" button.

Application Advise	Profile Update	Background Questions	Application Review	<b>Affirmation</b>	Checkout	Summary
--------------------	----------------	----------------------	--------------------	--------------------	----------	---------

**APPLICATION**

**PRINT**

Please complete the following to indicate whether the information and answers provided in this on-line application is true and correct. Please type in the certifying person's name, and press Continue.

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Whoever knowingly given false information in the course of applying for or obtaining a license under this chapter, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license under this chapter by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree.

Under penalties of perjury, I declare that I have read the foregoing application for license and that the facts stated in it are true. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Statute 497.152 (4)(f)(g)(h) may result in the denial of your renewal application and/or the revocation of my Funeral Industry licenses(s).

I understand that, per 497 Florida Statutes, all application fees are non-refundable

Last, First Name:

**EXIT**      **BACK**      **CONTINUE**

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Select e-check and click "Continue" button.

Select "OK".

Select payment type and click "Next" button.

1 Payment Type    2 Customer Info    3 Payment    4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount		1	
Total				

### Payment

**Payment Type**

Payment Type \*

Electronic Check ▾

Select if this payment IS being funded specifically by a **FOREIGN** source (bank or company), an International ACH Transaction ("IAT").

**Next >**

**Customer Information**

**Payment Information**

**Cancel**

### Transaction Summary

Service Amount	
<b>TOTAL</b>	\$

### Need Help?

Select Payment Method and Continue to proceed with payment.

Enter customer information and click "Next" button.

1 Payment Type   2 Customer Info   3 Payment   4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount		1	
Total				

### Payment

Payment Type ✓

**Electronic Check**

Customer Information Complete all required fields [\*]

Country \*  
 ✓

First Name \*  ✓      Last Name \*  ✓

Address \*  
 ✓

Address 2  
 ✓

City \*  ✓      State \*  ✓

ZIP/Postal Code \*  
 ✓

Phone Number  
 ✓

Email \*  ✓

**Next >**

Payment Information

**Cancel**

### Transaction Summary

Service Amount	
<b>TOTAL</b>	

### Need Help?

Please complete the Customer Information Section.

Enter valid payment information and click "Next" button

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount	[REDACTED]	1	[REDACTED]
Total				[REDACTED]

### Payment

**Payment Type** ✓

**Electronic Check**

**Customer Information** ✓

Edit

**Address**

Test Payment  
200 E Gaines St  
Tallahassee, FL 32301

**Phone Number**

8504131577

**Country**

United States

**Email Address**

Test@myfloridacfo.com

**Payment Information**

Complete all required fields [ \* ]

Name on Account \*

Test Payment
✓

This is a business account.

Routing Number \*

Account Number \* ?

[REDACTED]
✓

Re-enter Account Number. \*

[REDACTED]
✓

Checking
  Savings

Payment Address is the same as Customer Information \*

Next >

Cancel

### Transaction Summary

Service Amount	[REDACTED]
<b>TOTAL</b>	[REDACTED]

### Need Help?

You have selected to pay by Electronic Check. Complete Customer Billing Information and enter Electronic Check Information.

Form DFS-N1-1786; Application for Refrigeration Facility Licensure Renewal  
Rule 69K-24.030, F.A.C.; effective MM/YY

Page 20 of 35

Click "Submit Payment" button.

1 Payment Type
2 Customer Info
3 Payment
4 Submit Payment

### Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1	Service Amount	[REDACTED]	1	[REDACTED]
Total				[REDACTED]

### Payment

**Payment Type** ✓

Electronic Check

**Customer Information** ✓

**Address**  
Test Payment  
200 E Gaines St  
Tallahassee, FL 32301

**Phone Number**  
8504131577

[Edit](#)

**Country**  
United States

**Email Address**  
Test@myfloridacfo.com

**Payment Information** ✓

**Electronic Check**  
[REDACTED]

**Name on Account**  
Test Payment

[Edit](#)

**Terms and Conditions** [Open a new window to print](#)

850-413-3039.

7. I understand the Originating ID for this transaction is [REDACTED]. Please make sure your banking institution has released any debit blocks (if applicable) for this ID to ensure successful payment.

8. I (we) agree that ACH transactions I (we) authorized comply with all applicable NACHA Rules and all applicable US law and the laws governing DFS - Funeral, Cemetery and Consumer Services's state.

**Yes**, I authorize this transaction.

[Cancel](#)

[Submit Payment](#)

### Transaction Summary

Service Amount	[REDACTED]
TOTAL	[REDACTED]

### Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Submit Payment.

Select "Continue" button. User will be redirected to FCCS eAppoint website with confirmation number.

Application Advise Profile Update Background Questions Application Review Affirmation Checkout **Summary**

### SUMMARY

**PRINT**

Print a hard copy for your records or write down the confirmation number and the payment identification number for your records. Press continue to complete the application process.

**CAUTION** - Do not use your back button on your browser. This will cause you to begin the application process over again.

Name: [REDACTED]  
FEIN: [REDACTED]  
Mailing Address: [REDACTED]

Payment ID: [REDACTED]

Applied For: [REDACTED]

E-Check Confirmation Number: [REDACTED]

**CONTINUE**

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Click "Exit" button.

Application Advise Profile Update Background Questions Application Review Affirmation Checkout **Summary**

### SUMMARY

Thank you for submitting your application for a renewal license to the Department.

The initial review of your application will take place within 14 business days. Applicants with a reportable criminal history are reviewed on a case-by-case basis and may take up to 90 days for a final decision.

You are welcome to call the Florida Department of Financial Services, Division of Funeral, Cemetery and Consumer Services. However, calling **will not expedite** the processing of your application.

If you have any questions, please contact the Division at 1-800-323-2627 or 850-413-3039 for assistance.

**EXIT**

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Application processing using Mail in payment. Login to FACS-DICE.

Click "Renew License" link.

Select invoice and click "Continue" button.



Administrative Help Logout [Licensee]

Home > In-Box > License Renewal

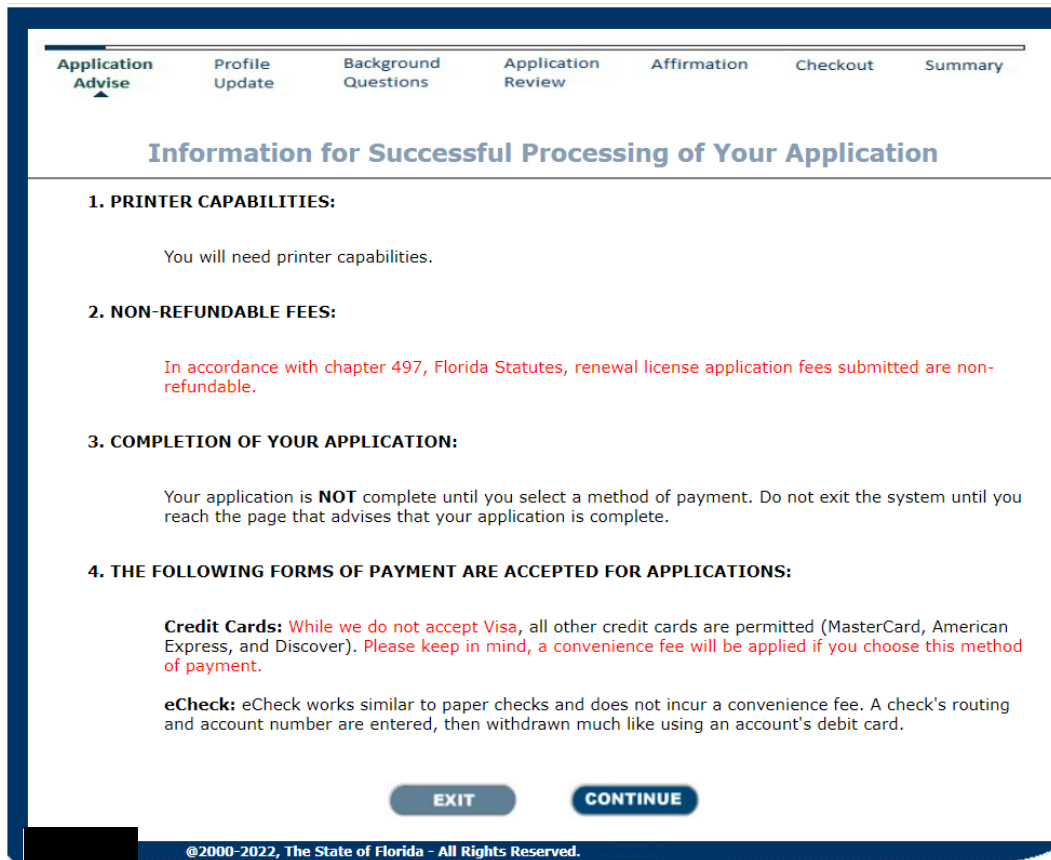
USER: [REDACTED]

	Invoice Number	Name	License Number - License Type	Renewal Due Date	Renewal Fee	Late Fee
<input type="radio"/>	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$0.00

Back Continue

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Click "Continue" button.



Application Advise Profile Update Background Questions Application Review Affirmation Checkout Summary

### Information for Successful Processing of Your Application

- 1. PRINTER CAPABILITIES:**

You will need printer capabilities.
- 2. NON-REFUNDABLE FEES:**

In accordance with chapter 497, Florida Statutes, renewal license application fees submitted are non-refundable.
- 3. COMPLETION OF YOUR APPLICATION:**

Your application is **NOT** complete until you select a method of payment. Do not exit the system until you reach the page that advises that your application is complete.
- 4. THE FOLLOWING FORMS OF PAYMENT ARE ACCEPTED FOR APPLICATIONS:**

**Credit Cards:** While we do not accept Visa, all other credit cards are permitted (MasterCard, American Express, and Discover). Please keep in mind, a convenience fee will be applied if you choose this method of payment.

**eCheck:** eCheck works similar to paper checks and does not incur a convenience fee. A check's routing and account number are entered, then withdrawn much like using an account's debit card.

EXIT CONTINUE

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Verify and update phone and/or fax number and click "Continue" button.

Application Advise	<b>Profile Update</b>	Background Questions	Application Review	Affirmation	Checkout	Summary
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### APPLICANT INFORMATION

#### Application Contact

Name: [REDACTED]  
License Number: [REDACTED]  
Business Address: [REDACTED]  
Preferred Mailing Address: [REDACTED]  
Email: [REDACTED]  
Primary Phone: [REDACTED]  
Secondary Phone: [REDACTED]  
**Business Phone:** [REDACTED]  
Mobile Phone: ( [ ] ) [ ] - [ ]  
Fax: ( [ ] ) [ ] - [ ]

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Select "Yes" or "No" and click "Continue" button.

<a href="#">Application Advise</a>	<a href="#">Profile update</a>	<a href="#">Background Questions</a>	<a href="#">Application Review</a>	<a href="#">Affirmation</a>	<a href="#">Checkout</a>	<a href="#">Summary</a>
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### Background Questions

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#### License Questions

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Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the **most recent renewal?**

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony no matter when committed.
2. **Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.**
3. 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.

"Principal" is defined as follows (see section **497.005(58)**, Florida Statutes) "Principal" **means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.**

Yes  
 No

[Redacted]

2160330  
[Redacted]

Select "Continue" button.

Application Advise	Profile Update	Background Questions	<b>Application Review</b>	Affirmation	Checkout	Summary
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**APPLICATION REVIEW**

**PRINT**

After you have confirmed that the application is complete and correct, we recommend that you print this page for your records. Please review the data and answers entered so far. If any are incorrect, you will need to restart this application process.

**CAUTION**--This screen does NOT complete the on-line application process. There are additional screens to process before your application is deemed complete.

**Florida Department of Financial Services**  
Division of Funeral, Cemetery & Consumer Services

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**APPLICANT INFORMATION**

FEIN Number: [REDACTED]

Applicant's Name: [REDACTED]

Contact Information

Mailing Address: [REDACTED]

Contact Phone: [REDACTED] Email Address: [REDACTED]

---

**FEE SUMMARY**

Renewal License(s) Applied For: [REDACTED]

Application ID Number: [REDACTED] Invoice Number: [REDACTED] License Number: [REDACTED]

Renewal Fee [REDACTED]  
Inspection Fee [REDACTED]  
Unlicensed Activity Fee [REDACTED]

**Total Fees Due:** [REDACTED]

---

Application to Renew License

---

**APPLICANT INFORMATION**

FEIN Number: [REDACTED] Invoice Number: [REDACTED]

Applicant's Name: [REDACTED] Application ID: [REDACTED]

License Number: [REDACTED]

Mailing Address: [REDACTED]

Business Location Address: [REDACTED]

Contact Phone: [REDACTED] Email Address: [REDACTED]

---

**LICENSE INFORMATION**

Renewal License(s) Applied For: [REDACTED]

---

**FEE INFORMATION**

Renewal Fee [REDACTED]  
Inspection Fee [REDACTED]  
Unlicensed Activity Fee [REDACTED]

**Total Fees Due:** \$ [REDACTED]

(Continued from prior page)

### BACKGROUND QUESTIONS

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony, no matter when committed
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under subparagraph b. that was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

Yes/No

No

### DEFICIENCIES

Enter name and click "Continue" button.

Application Advise Profile Update Background Questions Application Review **Affirmation** Checkout Summary

### APPLICATION

**PRINT**

Please complete the following to indicate whether the information and answers provided in this on-line application is true and correct. Please type in the certifying person's name, and press Continue.

**CAUTION**-This screen does NOT complete the on-line application process. There are several more screens after this screen.

Whoever knowingly given false information in the course of applying for or obtaining a license under this chapter, with intent to mislead the board or a public employee in the performance of her or his official duties, or the act of attempting to obtain or obtaining a license under this chapter by knowingly misleading statements or knowing misrepresentations, constitutes a felony of the third degree.

Under penalties of perjury, I declare that I have read the foregoing application for license and that the facts stated in it are true. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Statute 497.152 (4)(f)(g)(h) may result in the denial of your renewal application and/or the revocation of my Funeral Industry licenses(s).

I understand that, per 497 Florida Statutes, all application fees are non-refundable

Last, First Name:

**EXIT** **BACK** **CONTINUE**

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Select mail in payment and click "Continue" button.

Select "OK".



License Type:  
 License Number:  
 Renewal Fee:  
 (Renewal Fee after **NOVEMBER 30 , 2018** is: )

The process of renewing a license by mail may take two (2) to four (4) weeks. Please **allow sufficient time** before calling to confirm [REDACTED] of your license. You may find additional information concerning your profession [REDACTED] [www.myfloridacfo.com/division/FuneralCemetery/](http://www.myfloridacfo.com/division/FuneralCemetery/). If you have questions, call the Division office at 850-413-3039.

To renew license, mail a copy of this completed renewal application with your check or money order payable to:

**Department of Financial Services**  
 Attn: Revenue Processing Section  
 P.O. Box 6100  
 Tallahassee, Florida 32314-6100

### LICENSE RENEWAL APPLICATION

#### APPLICANT INFORMATION

SSN: [REDACTED] Date Of Birth [REDACTED] Invoice Number: [REDACTED]

Applicant's Name: [REDACTED] Application ID: [REDACTED]

License Number: [REDACTED]

Mailing Address [REDACTED]

Home Address [REDACTED]

Contact Phone [REDACTED] Email Address [REDACTED]

#### FEE INFORMATION

Renewal Fee [REDACTED]  
 Unlicensed Activity Fee [REDACTED]  
 Paper Processing Fee [REDACTED]

Total Fees Due: [REDACTED]

#### BACKGROUND QUESTIONS

Pursuant to section 497.141(5)(a), Florida Statutes, answer the following questions:

Has the licensee or any of its principal been convicted of, pled nolo contendere to, or pled guilty to, any crime required to be reported pursuant to Section 497.142(10), Florida Statutes, that was not previously disclosed to the Department upon initial application or the most recent renewal?

If you have previously reported the criminal record to the Division of Funeral, Cemetery and Consumer Services when applying for or previously renewing the license, you are NOT required to disclose it again and you may check NO below.

The following crimes must be reported pursuant to section 497.142(10)(c), Florida Statutes:

1. Any felony, no matter when committed
2. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.
3. Any other misdemeanor not already disclosed under subparagraph b. that was committed within the five (5) years immediately preceding the date this application is submitted.

"Principal" is defined as follows (see section 497.005(58), Florida Statutes) "Principal" means and includes the sole proprietor of a sole proprietorship; all partners of a partnership; all members of a limited liability company; regarding a corporation, all directors and officers, and all stockholders controlling more than 10 percent of the voting stock; and all other persons who can exercise control over the person or entity.

No

#### DEFICIENCIES

EXIT

Appendix

Pages 8 and 19

The dropdown menu for “Country” provides the following options:

<u>Afghanistan</u>
<u>Aland Islands</u>
<u>Albania</u>
<u>Algeria</u>
<u>American Samoa</u>
<u>Andorra</u>
<u>Angola</u>
<u>Anguilla</u>
<u>Antarctica</u>
<u>Antigua and Barbuda</u>
<u>Argentina</u>
<u>Armenia</u>
<u>Aruba</u>
<u>Australia</u>
<u>Austria</u>
<u>Azerbaijan</u>
<u>Bahamas</u>
<u>Bahrain</u>
<u>Bangladesh</u>
<u>Barbados</u>
<u>Belarus</u>
<u>Belgium</u>
<u>Belize</u>
<u>Benin</u>
<u>Bermuda</u>
<u>Bhutan</u>
<u>Bolivia, Plurinational State of</u>
<u>Bonaire, Sint Eustatius and Saba</u>
<u>Bosnia and Herzegovina</u>
<u>Botswana</u>
<u>Bouvet Island</u>
<u>Brazil</u>
<u>British Indian Ocean Territory</u>
<u>Brunei Darussalam</u>
<u>Bulgaria</u>
<u>Burundi</u>

<u>Cambodia</u>
<u>Cameroon</u>
<u>Canada</u>
<u>Cape Verde</u>
<u>Cayman Islands</u>
<u>Central African Republic</u>
<u>Chile</u>
<u>China</u>
<u>Christmas Island</u>
<u>Cocos (Keeling) Islands</u>
<u>Colombia</u>
<u>Comoros</u>
<u>Congo</u>
<u>Congo, the Democratic Republic of the</u>
<u>Cook Islands</u>
<u>Costa Rica</u>
<u>Côte d'Ivoire</u>
<u>Croatia</u>
<u>Cuba</u>
<u>Curaçao</u>
<u>Cyprus</u>
<u>Czech Republic</u>
<u>Denmark</u>
<u>Djibouti</u>
<u>Dominica</u>
<u>Dominican Republic</u>
<u>Ecuador</u>
<u>Egypt</u>
<u>El Salvador</u>
<u>Equatorial Guinea</u>
<u>Eritrea</u>
<u>Estonia</u>
<u>Ethiopia</u>
<u>Falkland Islands</u>
<u>Federated States of Micronesia</u>
<u>Fiji</u>

<u>Finland</u>
<u>France</u>
<u>French Guiana</u>
<u>French Polynesia</u>
<u>French Southern Territories</u>
<u>Gabon</u>
<u>Gambia</u>
<u>Georgia</u>
<u>Germany</u>
<u>Ghana</u>
<u>Gibraltar</u>
<u>Greece</u>
<u>Greenland</u>
<u>Grenada</u>
<u>Guadeloupe</u>
<u>Guam</u>
<u>Guatemala</u>
<u>Guernsey</u>
<u>Guinea</u>
<u>Guinea-Bissau</u>
<u>Guyana</u>
<u>Haiti</u>
<u>Heard Island and McDonald Islands</u>
<u>Holy See (Vatican City State)</u>
<u>Honduras</u>
<u>Hong Kong</u>
<u>Hungary</u>
<u>Iceland</u>
<u>India</u>
<u>Indonesia</u>
<u>Iran, Islamic Republic of</u>
<u>Iraq</u>
<u>Ireland</u>
<u>Isle of Man</u>
<u>Israel</u>
<u>Italy</u>
<u>Jamaica</u>
<u>Japan</u>

<u>Jersey</u>
<u>Jordan</u>
<u>Kazakhstan</u>
<u>Kenya</u>
<u>Kiribati</u>
<u>Korea, Democratic People's Republic of</u>
<u>Korea, Republic of</u>
<u>Kuwait</u>
<u>Kyrgyzstan</u>
<u>Lao People's Democratic Republic</u>
<u>Latvia</u>
<u>Lebanon</u>
<u>Lesotho</u>
<u>Liberia</u>
<u>Libya</u>
<u>Liechtenstein</u>
<u>Lithuania</u>
<u>Luxembourg</u>
<u>Macao</u>
<u>Macedonia, the former Yugoslav Republic of</u>
<u>Madagascar</u>
<u>Malawi</u>
<u>Malaysia</u>
<u>Maldives</u>
<u>Mali</u>
<u>Malta</u>
<u>Marshall Islands</u>
<u>Martinique</u>
<u>Mauritania</u>
<u>Mauritius</u>
<u>Mayotte</u>
<u>Mexico</u>
<u>Micronesia, Federated States of</u>

<u>Moldova,</u> <u>Republic of</u>
<u>Monaco</u>
<u>Mongolia</u>
<u>Montenegro</u>
<u>Montserrat</u>
<u>Morocco</u>
<u>Mozambique</u>
<u>Myanmar</u>
<u>Namibia</u>
<u>Nauru</u>
<u>Nepal</u>
<u>Netherlands</u>
<u>New Caledonia</u>
<u>New Zealand</u>
<u>Nicaragua</u>
<u>Niger</u>
<u>Nigeria</u>
<u>Niue</u>
<u>Norfolk Island</u>
<u>Northern</u> <u>Mariana Islands</u>
<u>Norway</u>
<u>Oman</u>
<u>Pakistan</u>
<u>Palau</u>
<u>Palestine,</u> <u>State of</u>
<u>Panama</u>
<u>Papua New</u> <u>Guinea</u>
<u>Paraguay</u>
<u>Peru</u>
<u>Philippines</u>

<u>Pitcairn</u>
<u>Poland</u>
<u>Portugal</u>
<u>Puerto Rico</u>
<u>Qatar</u>
<u>Réunion</u>
<u>Romania</u>
<u>Russian</u> <u>Federation</u>
<u>Rwanda</u>
<u>Saint Barthélemy</u>
<u>Saint Helena,</u> <u>Ascension and</u> <u>Tristan da Cunha</u>
<u>Saint Kitts</u> <u>and Nevis</u>
<u>Saint Lucia</u>
<u>Saint Martin</u> <u>(French part)</u>
<u>Saint Pierre</u> <u>and Miquelon</u>
<u>Saint</u> <u>Vincent and</u> <u>the</u> <u>Greenadines</u>
<u>San Marino</u>
<u>Sao Tome</u> <u>and Principe</u>
<u>Saudi Arabia</u>
<u>Senegal</u>
<u>Serbia</u>
<u>Seychelles</u>
<u>Sierra Leone</u>
<u>Singapore</u>

<u>Sint Maarten</u> <u>(Dutch part)</u>
<u>Slovakia</u>
<u>Slovenia</u>
<u>Solomon Islands</u>
<u>Somalia</u>
<u>South Africa</u>
<u>South Georgia</u> <u>and the South</u> <u>Sandwich Islands</u>
<u>South Sudan</u>
<u>Spain</u>
<u>Sri Lanka</u>
<u>Sudan</u>
<u>Suriname</u>
<u>Svalbard and</u> <u>Jan Mayen</u>
<u>Swaziland</u>
<u>Sweden</u>
<u>Switzerland</u>
<u>Syrian Arab</u> <u>Republic</u>
<u>Taiwan,</u> <u>Province of</u> <u>China</u>
<u>Tajikistan</u>
<u>Tanzania,</u> <u>United Republic</u>
<u>Thailand</u>
<u>Timor-Leste</u>
<u>Togo</u>
<u>Tokelau</u>
<u>Tonga</u>
<u>Trinidad and</u> <u>Tobago</u>

<u>Tunisia</u>
<u>Turkey</u>
<u>Turkmenistan</u>
<u>Turks and</u> <u>Caicos Islands</u>
<u>Tuvalu</u>
<u>Uganda</u>
<u>Ukraine</u>
<u>United Arab</u> <u>Emirates</u>
<u>United Kingdom</u>
<u>United States</u>
<u>United States</u> <u>Minor</u> <u>Outlying</u> <u>Islands</u>
<u>Uzbekistan</u>
<u>Vanuatu</u>
<u>Venezuela,</u> <u>Bolivarian</u> <u>Republic of</u>
<u>Viet Nam</u>
<u>Virgin</u> <u>Islands,</u> <u>British</u> <u>Islands, U.S.</u>
<u>Wallis and</u> <u>Futuna</u>
<u>Western Sahara</u>
<u>Yemen</u>
<u>Zambia</u>
<u>Zimbabwe</u>

The dropdown menu for “State” provides the following options:

<u>AA - Armed Forces Americas</u>	<u>IN - Indiana</u>	<u>ND - North Dakota</u>
<u>AE - Armed Forces Europe</u>	<u>IA - Iowa</u>	<u>MP - Northern Mariana Islands</u>
<u>AP - Armed Forces Pacific</u>	<u>KS - Kansas</u>	<u>OH - Ohio</u>
<u>AL – Alabama</u>	<u>KY - Kentucky</u>	<u>OK - Oklahoma</u>
<u>AK – Alaska</u>	<u>LA - Louisiana</u>	<u>OR - Oregon</u>
<u>AS - American Samoa</u>	<u>ME - Maine</u>	<u>PW - Palau</u>
<u>AZ – Arizona</u>	<u>MH - Marshall Islands</u>	<u>PA - Pennsylvania</u>
<u>AR – Arkansas</u>	<u>MD - Maryland</u>	<u>PR - Puerto Rico</u>
<u>CA - California</u>	<u>MA - Massachusetts</u>	<u>RI - Rhode Island</u>
<u>CO - Colorado</u>	<u>MI - Michigan</u>	<u>SC - South Carolina</u>
<u>CT - Connecticut</u>	<u>MN - Minnesota</u>	<u>SD - South Dakota</u>
<u>DE - Delaware</u>	<u>MS - Mississippi</u>	<u>TN - Tennessee</u>
<u>DC - District of Columbia</u>	<u>MO - Missouri</u>	<u>TX - Texas</u>
<u>FM - Federated States of Micronesia</u>	<u>MT - Montana</u>	<u>UT - Utah</u>
<u>FL - Florida</u>	<u>NE - Nebraska</u>	<u>VT - Vermont</u>
<u>GA - Georgia</u>	<u>NV - Nevada</u>	<u>VI - Virgin Islands</u>
<u>GU - Guam</u>	<u>NH - New Hampshire</u>	<u>VA - Virginia</u>
<u>HI - Hawaii</u>	<u>NJ - New Jersey</u>	<u>WA - Washington</u>
<u>ID - Idaho</u>	<u>NM - New Mexico</u>	<u>WV - West Virginia</u>
<u>IL - Illinois</u>	<u>NY - New York</u>	<u>WI – Wisconsin</u>
	<u>NC - North Carolina</u>	<u>WY - Wyoming</u>

The dropdown for “Expiration Month” provides the following options:

<u>01 – January</u>
<u>02 – February</u>
<u>03 – March</u>
<u>04 – April</u>
<u>05 – May</u>
<u>06 – June</u>
<u>07 – July</u>
<u>08 – August</u>
<u>09 – September</u>
<u>10 – October</u>
<u>11 – November</u>
<u>12 – December</u>

The dropdown for “Expiration Year” provides the following options:

<u>2024</u>
<u>2025</u>
<u>2026</u>
<u>2027</u>
<u>2028</u>
<u>2029</u>
<u>2030</u>
<u>2031</u>
<u>2032</u>
<u>2033</u>
<u>2034</u>
<u>2035</u>
<u>2036</u>
<u>2037</u>
<u>2038</u>
<u>2039</u>
<u>2040</u>
<u>2041</u>
<u>2042</u>
<u>2043</u>
<u>2044</u>

The dropdown for Payment Type provides the following options:

<u>Credit/Debit Card</u>
<u>Electronic Check</u>