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

APPLICATION FOR PRENEED LICENSURE RENEWAL AND FINANCIAL STATEMENT

Please **PRINT CLEARLY** and answer all applicable questions.

Section 1. PRENEED LICENSEE INFORMATION

1A. Preneed licensee name: _____

1B. Preneed licensee license number: _____

1C. Preneed license expiration date (*mm/dd/yyyy*): _____

Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION

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

Name:

Mailing address:

Phone number with area code:

Email address:

Section 3. INFORMATION CHANGES AND ADVERSE ACTIONS

Answer the following relating to information changes of the preneed licensee since the licensee's licensure date or the date of last renewal:

3A. Changes in licensee's legal entity?

☐ **YES** ☐ **NO**

3B. Changes in ownership of licensee?

☐ **YES** ☐ **NO**

3C. Disciplinary proceedings pursuant to chapter 497, F.S., against the licensee or principal of licensee?

☐ **YES** ☐ **NO**

3D. Licensee or any principal of licensee convicted or found guilty of a crime?

☐ **YES** ☐ **NO**

Section 4. FINANCIAL STATEMENT CERTIFICATION

Check one:

☐ Financial statement are attached.

☐ Our fiscal year does not end on December 31, and we have sent our most recent financial statements to the Division.

The net worth of the preneed licensee at the end of its most recently ended fiscal year was : $ _____

Section 5. CERTIFICATION AND SIGNATURE	
I hereby affirm that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief. I do affirm the financial statements comply with GAAP and the information contained in said financial statements is true and correct. The preneed licensee identified on this application hereby applies for renewal of its preneed license. _____ Signature of Preneed Licensee Representative Print Name of Preneed Licensee Representative	
NOTARY ACKNOWLEDGEMENT	
STATE OF: _____ COUNTY OF: _____	The foregoing instrument was acknowledged before me this: _____ day of _____, by: _____.
☐Personally Known OR ☐Produced Identification	_____ *Type of Identification Produced*
[NOTARY SEAL]	_____ *Signature of Notary Public* _____ *Name of Notary Public*