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

# APPLICATION FOR PRENEED BRANCH OFFICE LICENSURE

Under Section 497.453, Florida Statutes.

**NONREFUNDABLE REQUIRED FEES: $155**

This application form is for licensure of a preneed branch office. 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.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. PRENEED LICENSE HOLDER INFORMATION

**1A. Licensee name:** _____

**1B. PNL license number:** _____

## Section 2. BRANCH ENTITY INFORMATION

**2A. Common Business Enterprise name:** _____

**2B. Branch qualifying license number:** _____

*For funeral homes, funeral establishments, cemeteries, or direct disposal establishment, the business name of the branch entity must be the same as on the license.*

**Attach a copy of the license to this application.** ☐ **Attached** ☐ **Not attached**

**2C. Phone number with area code:** _____

**2D. Email address:** _____

## Section 3. 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:

**Attach a list of all other addresses operating under the business name. Check here if no other addresses:** ☐ **Attached** ☐ **Not attached**

**FOR OFFICE USE ONLY**

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Approved by Board on: _____

| Section 4. 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 5. APPLICANT'S PREFERRED MAILING ADDRESS** | | |
| Enter applicant's preferred mailing address the Division should use for routine correspondence and notices. | | |
| Street or PO Box: | | |
| City: | State: | Zip Code: |

**Section 6. LICENSEE RELATIONSHIP**

What is the branch office relationship to the preneed licensee?

☐ Same Entity ☐ Corp. Agent ☐ Corp. Subsidiary ☐ Sister Corp.

Other as follows: _____

**Section 7 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 8. 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 9. PRENEED LICENSEE'S SIGNATURE

Under penalties of perjury, I, the preneed licensee or preneed licensee'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 Preneed Licensee 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