



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

**EXEMPT CEMETERY FOR THE RENEWAL PERIOD**  
**BEGINNING OCTOBER 1, 2008**

**(Note: Due every five years on October 1<sup>st</sup> from 10/1/93)**

Under Section 497.287, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services

IMPORTANT: FAILURE TO SUBMIT THE RENEWAL FEE OF \$25 AND THIS FORM PRIOR TO OCTOBER 1<sup>st</sup> OF THE END OF EACH QUINQUENNIAL PERIOD (MUST BE RECEIVED BY DEPARTMENT ON OR BEFORE SEPTEMBER 30<sup>th</sup>) SHALL RESULT IN YOUR LICENSE BEING PLACED IN AN "EXPIRED" STATUS. A NEW APPLICATION WILL BE REQUIRED TO RETURN YOUR LICENSE TO ACTIVE STATUS.

**Mail this form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100.**

*If you have any questions or need assistance in completing this application, please contact the Division of Funeral, Cemetery & Consumer Services at (850) 413-3039.*

<b>Section 1. ORGANIZATION INFORMATION</b>			
FEIN: LICENSE NO.:		Date of formation or incorporation Mm/dd/yyyy:     /     /	
NAME OF EXEMPT CEMETERY:			
D/B/A Name (doing business as):			
<b>Section 2. ESTABLISHMENT LOCATION ADDRESS</b>			
Street Address:			
City:	County:	State:	Zip Code:
<b>Section 3. MAILING ADDRESS</b>			
Street Address or P.O. Box:			
City:	County:	State:	Zip Code:
Name of Responsible Authorized Agent:		Size of Cemetery, # of Acres:	
Telephone Number: (     )     -		E-mail Address:	
<b>FOR OFFICE USE ONLY</b>			
<b>BT    TYCLFT</b>			
<b>V    3300 L    \$25</b>			