

Subsection 1E. If applicant is a corporation, LLC, or partnership, answer the questions in this Subsection:

(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 under the business organization laws of Florida?
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)

(5) If applicant is a corporation, limited liability company, or partnership, complete and attach to this application the Division Form DFS-N1-1718, entitled "Business Entity – List of Principals" (see Section 497.141(12)(d), F.S.). This form may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.

Subsection 1F. If the license applied for is issued, will applicant do business under a name other than applicant's name as shown in this application?
YES NO

If YES, state all names applicant will do business under that are different from 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, if and after the license applied for is issued (e.g., renewal notices).

Street or PO Box:

City:

State:

Zip Code:

Section 4. ACTUAL BUSINESS LOCATION ADDRESS

Enter the actual street address where operations under the license applied for will be conducted, if the license is issued. NO post office boxes or similar addresses allowed in this Section.

Street Address:

City:

County:

State:

Zip Code:

Section 5. OTHER LICENSURE INFORMATION

(a) Does the applicant now hold, or has applicant ever held, a license or registration in Florida or any other state or jurisdiction, as a funeral director, embalmer, direct disposer, funeral establishment, direct disposal establishment, cinerator facility, removal service, centralized embalming facility, refrigeration service, cemetery, monument establishment, or preneed sales business? **YES** **NO**

If your answer to the question in this Section is YES, you must fill out and submit with this application Form DFS-NI-1717, "Other Licenses Form." You must disclose on that form details of each current or prior license that required a "YES" answer to any of the questions in this Section of this application. The "Other Licenses Form" may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.

Section 6. ADVERSE LICENSING HISTORY QUESTIONS

As used in this Section, "you" refers to applicant; "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.

(a) Have you ever had any deathcare industry license revoked or suspended, or have you ever been fined, reprimanded, or otherwise disciplined regarding such license, by any regulatory authority in Florida or any other state or jurisdiction? **YES** **NO**

(b) Have you 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) Have you ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the license? **YES** **NO**

(d) To your knowledge are you currently 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 under a deathcare industry license? **YES** **NO**

If the answer to any of the questions in this Section is YES, you must fill out and submit with this application Form DFS-NI-1715, "Adverse Licensing Action History Form." You must disclose on that form details of each adverse licensing action and pending investigation that required a "YES" answer to any of the questions in this Section of this application. This form may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.

Section 7. CRIMINAL HISTORY QUESTIONS

For purposes of this Section, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons:

1. *If the applicant is a natural person, only the natural person making application.*
 2. *If the applicant is a corporation, all officers and directors of that corporation.*
 3. *If the applicant is a limited liability company, all managers and members of the limited liability company.*
 4. *If the applicant is a partnership, all partners.*
 5. *The licensed direct disposer or funeral director in charge.*
- (see Section 497.142(10)(e), F.S.)*

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

a. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of embalming, funeral directing, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. **YES** **NO**

b. Any other felony not already disclosed under subparagraph a. immediately above, which was committed within the 20 years immediately preceding the date this application is submitted. **YES** **NO**

c. Any other misdemeanor not already disclosed under subparagraph a. above, which was committed within the 5 years immediately preceding the date this application is submitted? **YES** **NO**

If applicant answered YES to any of the above questions, there must be filed with this application a Form DFS-N1-1716, "Criminal History Form" by and regarding each person subject to disclosure requirements for whom the YES answer applies. There must be disclosed on that form details of every criminal action that required the "YES" answer to any of the above questions. That form may be obtained from the website of the Division of Funeral, Cemetery, and Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.

2. If YES was answered to any question above, name here every person subject to disclosure requirements (if none, write "none"):

Section 8. PRIOR NAME INFORMATION

Have you, the applicant, ever 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 of time it was used (attach additional sheets if necessary):

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SECTION 9. MISCELLANEOUS MATTERS

a. Please state the name and license number of the funeral establishment, cemetery company, direct disposal establishment or monument establishment under whose license this application is being made. Please provide a copy of the current license.

b. Has the applicant accepted funds for prearrangements or entered into any preneed contracts funded by any method other than those permitted by Chapter 497, F.S., where the applicant is the beneficiary? **YES** **NO**

c. A Form DFS-HistS, "Historical Sketch," shall be completed by any person with power to direct the management or policies of the applicant. *This form may be obtained from the website of the Division, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

d. A Financial Statement, completed on an accrual basis, must be submitted with this application. Use Form DFS-F-32, "Financial Statement," if a natural person and Forms DFS-PNL-R2A, "Balance Sheet of Preneed Licensee," and DFS-PNL-R2B, "Income Statement," if an entity. *This form may be obtained from the website of the Division, or it may be requested by letter directed to the Division office at the address shown at the top of this form.*

e. Do you understand that after licensure you have a continuing duty under state law [Section 497.146, F.S.] to notify this Division within 30 days of any change in your mailing address? **YES** **NO**
(A Form DFS-N1-1704, "Change of Mailing Address or Contact Data -- Individuals" for individuals and Form DFS-N1-1705, "Change of Mailing Address or Contact Data -- Entities" for entities may be found on the Division website.)

f. Do you understand that as part of this application you must submit your fingerprints for a criminal background check? **YES** **NO**
Instructions concerning how and where to submit fingerprints may be reviewed and printed from the website of the Division of Funeral, Cemetery, and Consumer Services, as follows: go to the website of the Department of Financial Services Division of Funeral, Cemetery, and Consumer Services online at <http://www.myfloridacfo.com/division/FuneralCemetery/> and click on Fingerprints link for the information and procedures site online at <https://www.identogo.com/>.

g. Applicant may attach to this application one or more additional pages to explain any answer herein 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. APPLICANT'S CERTIFICATION & SIGNATURE

All applications shall be signed by the applicant. Signatures of the applicant shall be 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.

(Section 497.141(12)(f), F.S.)

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 I have or will prior to commencing operations under this license 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 me.

Signature of Applicant

Date Signed

Name and Title

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

Section 11. FEIN OR CONFIDENTIAL SOCIAL SECURITY NUMBER

Enter Applicant's FEIN or Social Security Number:

Privacy Statement:

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 the Welfare Reform Act, 42 U.S.C. Section 666, and Section 497.141(2), F.S. The purpose(s) for the requested information is that social security numbers collected on applications 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.