



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

HISTORICAL SKETCH

I, _____, submit the following information to the Board of Funeral, Cemetery, and Consumer Services for its use as a part of the license application filed pursuant to Chapter 497, Florida Statutes (F.S.), by

(name of entity applying)

Residence Address:

Street address:

City: Country: State: Zip Code:

Date of Birth: Place of Birth:

Home Phone No. Business Phone No.

Length of residence in community where I now live:

Relationship to Applicant:
 (office held, % of ownership, etc.)

Value of my holding in the business (owned or subscribed for) \$

EDUCATION RECORD

No. of Years <u>Attended</u>	Graduated <u>Yes or No</u>	Degree <u>Received</u>	Name and Location <u>of School</u>
---------------------------------	-------------------------------	---------------------------	---------------------------------------

High School

College

Other

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present director, officer, employee, partner, or owner.

Name and Location

Nature of Business

Position Held

1. Complete the following schedule to show the businesses or occupations in which you have been engaged during the last 10 years before filing this application.

MUST BE COMPLETE

Present or Most Recent Occupation

Length of Employment: From _____ to _____

Employer

Kind of Business

Street Address

Your Position

City and State

Supervisor's Name

Why did you leave?

Next Previous Occupation

Length of Employment: From _____ to _____

Employer

Kind of Business

Street Address

Your Position

City and State

Supervisor's Name

Why did you leave?

Next Previous Occupation

Length of Employment: From to

Employer

Kind of Business

Street Address

Your Position

City and State

Supervisor's Name

Why did you leave?

=====

Next Previous Occupation

Length of Employment: From to

Employer

Kind of Business

Street Address

Your Position

City and State

Supervisor's Name

Why did you leave?

- =====
2. Furnish the names and addresses of all banks with which you have done business during the past five years, designate the type of account, include the account number, and state whether each account is active or closed. I hereby agree that any of the referenced banks may release the information requested by the Department to determine my qualifications for the licensing.

Name
of Bank

Address
of Bank

Type of
Account

Account
Number

Open
or Closed

Signature

3. Are you, and any company with whom you are connected, financially solvent?
4. Have you, or any company of which you are or were then an officer or member, ever been declared bankrupt? (If answer is in the affirmative, attach a complete, signed, notarized statement of the facts, together with the name and location of the court in which the proceedings were held or are pending.)
5. Have you any judgments against you? (If answer is in the affirmative, attach a complete, signed, notarized statement of the facts, together with the name and location of the court in which the proceedings were held or are pending.)
6. Has a license of any kind held by you been denied, suspended, or revoked? (If answer is in the affirmative, attach a complete, signed, notarized statement of the charges and facts, furnishing full details.)
7. Have you ever been convicted of, or pled nolo contendere to, any criminal offense involving dishonesty or a breach of trust? (If answer is in the affirmative, attach a complete signed notarized statement of the charges and facts.)
8. Please comment on any experience you have in the cemetery business:

APPLICANT'S CERTIFICATION AND 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 forgoing Historical Sketch form 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 employer, 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

Date Signed
(must be less than 30 days prior to receipt by
the Department)

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 § 119.07(1), F.S., and § 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 § 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.