DEPARTMENT OF FINANCIAL SERVICES

Division of Funeral, Cemetery & Consumer Services 200 East Gaines Street Tallahassee, FL 32399- 0361

CEMETERY RENEWAL FOR THE ANNUAL PERIOD BEGINNING JANUARY $\mathbf{1}^{\text{ST}}$

Under Section 497.265, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

fiscal period.	,1055 5	ales of the cemete	ry during the pred	Leaning twerve-month	
LAST FISCAL YEAR ENDED, 2	20	_ ANNUAL GRO	OSS SALES WEI	RE \$	
GROSS SALES \$ Zero thru \$ 24,999				FEE REQUIRED	
· · · · · · · · · · · · · · · · · · ·	5 24,999 Fee is \$ 255.00				
\$ 25,000 thru \$ 99,999 Fee is \$ 355.00 \$ 100,000 thru \$ 249,999 Fee is \$ 605.00					
\$ 250,000 thru \$ 499,999 Fee is \$ 905.00					
\$ 500,000 thru \$ 749,999 Fee is \$ 1,355.00					
\$ 750,000 thru \$ 999,999 Fee is \$ 2,255.00					
\$1,000,000 thru \$4,999,999 Fee is \$ 3,255.00					
\$5,000,000 and over Fee is \$ 4,905.00					
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.					
Mail form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100.					
Section 1. ORGANIZATION INFORMATION					
EIN:		Date of formation or incorporation:			
LICENSE NO.:	M.:. (11/		/ /		
Mm/dd/yyyy: / / Organization/Applicant Name:					
organization/Applicant Name.					
D/B/A Name (doing business as):					
Phone Number: () -	Email Address:				
Section 2. ESTABLISHMENT LOCATION ADDRESS					
Street Address:					
City:	Coun	itv:	State:	Zip Code:	
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Section 3. MAILING ADDRESS					
Street Address or P.O. Box:					
City:	Coun	ity:	State:	Zip Code:	
FOR OFFICE USE ONLY	<u> </u>				
BT TYCL FT Fees are based on Gross Sales as stated above					
V 3400 L \$250 to \$4,900					
3800 F <u>\$ 5</u>					

Form DFS-N1-1702; Cemetery Renewal

(Rev. 08/12); 69K-1.001