

<p>Subsection 1D.</p> <p>(1) If applicant is an individual person, state applicant's date of birth:</p> <p>(2) If applicant is an entity, state the date applicant was organized (e.g., date articles of incorporation were filed):</p>		
<p>Subsection 1E. If applicant is a corporation, LLC, or partnership, answer the questions in this Subsection:</p> <p>(1) Under the laws of what state was the applicant organized?</p> <p>(2) In what state is the applicant currently domiciled?</p> <p>(3) Is the applicant currently an entity in good standing under the business organization laws of Florida?</p> <p style="padding-left: 40px;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(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)</p> <p>(5) If applicant is a corporation, limited liability company, or partnership, complete and attach to this application, the Division form entitled "Business Entity – List of Principals." (see s. 497.141(12)(d), Florida Statutes). <i>This form may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.</i></p>		
Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION		
<i>Enter the name and contact information of the person the Division should contact concerning this application.</i>		
Name:		
Mailing address:		
Phone number with area code: () -		
Email address:		
Section 3. APPLICANT'S PREFERRED MAILING ADDRESS		
<i>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).</i>		
Street or PO Box:		
City:	State:	Zip Code:

Section 4. ACTUAL BUSINESS LOCATION ADDRESS			
<p><i>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.</i></p>			
Street Address:			
City:	County:	State:	Zip Code:
Section 5. OTHER LICENSURE INFORMATION			
<p>(a) Does the applicant now hold, or has applicant ever in the past 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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If your answer to the question in this Section is YES, you must fill out and submit with this application an "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 & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.</i></p>			
Section 6. ADVERSE LICENSING HISTORY QUESTIONS			
<p><i>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.</i></p>			
<p>(a) Have you ever had any deathcare industry license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(d) Are you currently to your knowledge 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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an "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 & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.</i></p>			
Section 7. CRIMINAL HISTORY QUESTIONS			
<p><i>For purposes of this section, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons:</i></p> <ol style="list-style-type: none"> <i>1. If the applicant is a natural person, only the natural person making application.</i> <i>2. If the applicant is a corporation, all officers and directors of that corporation.</i> <i>3. If the applicant is a limited liability company, all managers and members of the limited liability company.</i> <i>4. If the applicant is a partnership, all partners.</i> <i>5. The licensed direct disposer or funeral director in charge.</i> <p><i>(see s. 497.142(10)(e), Florida Statutes)</i></p>			

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 1. 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 1. above, which was committed within the 5 years immediately preceding the date this application is submitted? YES NO

If applicant circled YES to any of the above questions, there must be filed with this application a "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 & 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):

SECTION 9. MISCELLANEOUS MATTERS

a. Do you understand that after licensure, you have a continuing duty under state law [s. 497.146, Florida Statutes], to notify this Division within 30 days of any change in your mailing address?

YES NO

(A "Change of Address or Contact Data" form for individuals and entities may be found on the Division website)

b. 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 & Consumer Services, as follows: go to the website of the Department of Financial Services (www.myfloridacfo.com), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services.

c. 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.

(s. 497.141(12)(e), Florida Statutes)

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, Florida Statutes, 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 & 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

Section 11. MONUMENT ESTABLISHMENT LICENSEE INFORMATION AND SIGNATURE

The information to be entered in this Section relates to the monument establishment, which desires to license this agent if the monument sales agent license applied for herein is issued. "Monument establishment license number" as used below refers to what was formerly referred to as the monument establishment's MON audit number.

Name of Monument Establishment (as licensed):

FEIN:

Street address:

City:

Name of monument establishment staff member to be contacted by the Division if questions arise:

Phone number of that staff member (w/ area code):

Email address of that staff member (e.g., smithW@xyz.com):

REQUEST & CERTIFICATION

1. The monument establishment named in this section requests that, effective upon licensure of the monument sales agent applicant identified in this application, the records of the Division be annotated to reflect the licensure of said monument sales agent to solicit and make sales on behalf of this monument establishment.
2. The monument establishment named in this section certifies that it has or will take reasonable steps to assure that the monument sales agent applicant named herein, has adequate training regarding monument sales, prior to soliciting on behalf of the monument establishment named herein.

Signature of monument establishment’s representative

Date signed

Information For Applicant And Monument Establishment:

1. If this application is legibly and completely filled out, and completed fingerprint cards have been submitted, and the agent applicant answered “NO” to all questions in Section 7, and a check for the proper amount of fees is attached to this application, then the application is to be deemed complete, and the agent may commence solicitations and sales on behalf of the monument establishment named in the application on the date this application is received by the Florida Department of Financial Services. Division staff will promptly respond to the monument establishment and the monument sales agent applicant in writing to confirm receipt of this application. Alternatively, if this application is sent by certified or registered mail, or by courier service which provides the sender with confirmation of and date of delivery, then such confirmation by the post office or courier service will constitute date of receipt by the Division.
2. If the agent applicant indicates on this form that he/she has an adverse license record or criminal record (i.e., they answered YES to Sections 6 and/or 7), the agent is not necessarily barred from licensure as a monument sales agent. However, he/she cannot be issued a Monument Sales Agent License and his/her application must await review and decision by Board at its next available meeting.
3. The monument sales agent license requested herein shall be effective upon issuance of the license and must be renewed by September 30th of every even-numbered year unless earlier terminated by the monument establishment or the Board for cause.

Mail completed application with all attachments, and required fees to:

Division of Funeral, Cemetery & Consumer Services
Revenue Processing
P.O. Box 6100
Tallahassee, FL 32314-6100

Section 12. FEIN OR SOCIAL SECURITY NUMBER

Enter Applicant’s FEIN or Social Security Number:

Purpose and Use:

The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. 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. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.