APPLICATION FOR REGISTRATION OF MERCHANDISE DEALER

INSTRUCTIONS

The State Board of Cemeterians reviews completed applications for approval of registration as a merchandise dealer. A completed application includes the following:

- Each page of this application completed with signatures and notarization where indicated.
- Supporting documents for any "Yes" answers to questions in the Professional Background Information Section.
- A balance sheet as of the end of the most recent fiscal year, and in no event dated more than fifteen (15) months prior to the date of filing of this application. **This information will be held as confidential and not open to public inspection.**
- Application fee of $100.00. Application fees are non-refundable.
- Applicable bond. Bond forms are located separately on our Download Forms page.

STATE BOARD OF CEMETERIANS
237 COLISEUM DRIVE
MACON, GA 31217
478.207.2440
www.sos.ga.gov

DO NOT WRITE IN THIS SECTION

RECEIPT # _____

AMOUNT _____

APPLICANT # _____

INITIAL _____ **DATE** _____

APPLICATION FOR REGISTRATION OF MERCHANDISE DEALER

REASON FOR APPLICATION (CHECK ONE):

☐ **NEW ESTABLISHMENT – FEE $100.00 (Payable to State Board of Cemeterians)**
APPLICATION FEES ARE NON-REFUNDABLE

☐ **AMENDMENT ONLY – NO FEE REQUIRED**

_____

NAME OF DEALER

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEI): _____

MAILING ADDRESS:

_____
STREET OR P.O. BOX

_____
CITY **STATE** **COUNTY** **ZIP CODE**

TELEPHONE (_____)_____ **FAX (_____)_____**

EMAIL ADDRESS: _____
Your email address is requested in order to send communication from the Board and will be treated as confidential.

PHYSICAL LOCATION ADDRESS (ADDRESS WILL APPEAR ON BOARD'S WEBSITE):

_____
NUMBER AND STREET(P.O. BOX NOT ACCEPTABLE)

_____
CITY **STATE** **COUNTY** **ZIP CODE**

TELEPHONE (_____) _____ **FAX (_____)** _____

EMAIL ADDRESS (IF DIFFERENT FROM EMAIL ADDRESS ABOVE): _____

OWNERSHIP/RELATIONSHIP INFORMATION

IF THE BUSINESS IS A SOLE PROPRIETORSHIP (NOT CORPORATION, PARTNERSHIP, OR LLC)

OWNER NAME: _____

RESIDENCE: _____
STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

IF THE BUSINESS IS A PARTNERSHIP

PARTNERSHIP NAME: _____

LIST GENERAL PARTNERS & OTHERS WITH AT LEAST 10% OWNERSHIP INTEREST IN THE PARTNERSHIP (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE: _____
STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

IF THE BUSINESS IS A CORPORATION OR A LIMITED LIABILITY COMPANY

LEGAL BUSINESS NAME: _____

DATE REGISTERED WITH GEORGIA SECRETARY OF STATE: _____

NAME & TITLE OF PERSON TO CONTACT CONCERNING THIS APPLICATION:

_____

_____
CONTACT'S EMAIL ADDRESS

_____
CONTACT'S TELEPHONE

NAME OF REGISTERED AGENT: _____

AGENT'S ADDRESS:

_____
STREET OR P.O. BOX

_____
CITY STATE ZIP CODE TELEPHONE

PHYSICAL LOCATION ADDRESS FOR CORPORATION OR LLC:

_____
STREET (P.O. BOX IS NOT ACCEPTABLE)

_____
CITY STATE ZIP CODE TELEPHONE

PHYSICAL ADDRESS WHERE ALL RECORDS RELATED TO DEALER ARE LOCATED:

_____
STREET (P.O. BOX IS NOT ACCEPTABLE)

_____
CITY STATE ZIP CODE TELEPHONE

LIST ALL OFFICERS, MEMBERS, AND OTHERS WHO OWN AT LEAST 10% OF ANY CLASS OF OWNERSHIP IN THE CORPORATION OR LLC (ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME: _____ TITLE: _____

RESIDENCE:

_____

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

_____

STREET (NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

_____

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

_____

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

_____

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

NAME: _____ TITLE: _____

RESIDENCE:

_____

STREET(NOT A P.O. BOX) CITY STATE ZIP CODE TELEPHONE

PERCENTAGE OF OWNERSHIP: _____

PROFESSIONAL BACKGROUND INFORMATION

The Applicant must answer the following questions. If your answer is "Yes" to any of the following questions, provide explanation, including certified documentation. Such documentation includes, but is not limited to, court dispositions and disciplinary action by a licensing board. Attach additional sheets, if necessary.

( ) Yes	**( )** No	Has the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC had any license or registration issued by any board, agency, or licensing authority in Georgia or any other state revoked, suspended, or otherwise sanctioned?
( ) Yes	**( )** No	Has the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC ever been denied issuance of a license or registration, or, pursuant to any disciplinary proceedings, refused renewal of a license or registration by any board, agency, or licensing authority in Georgia or any other state?
( ) Yes	**( )** No	Is the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC currently insolvent or the debtor in any petition currently pending pursuant to any chapter of the United States Bankruptcy Code?
( ) Yes	**( )** No	To the best of your knowledge, is there any disciplinary action pending against the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC by any board, agency, or licensing authority in Georgia or any other state ?
( ) Yes	**( )** No	Has the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC ever been arrested, charged, convicted, sentenced, entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor (other than a minor traffic violation), or any crime involving moral turpitude? (DWI and DUI are not minor traffic violations.) If "Yes," attach a certified copy of the court disposition and a notarized statement on agency letterhead from the probation officer giving current status of probation.
( ) Yes	**( )** No	Is there pending litigation, or has a judgment been made, against the applicant , owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC related to the practice of the cemetery or preneed profession or which could materially affect the business or assets of the applicant?

AFFIDAVIT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the State Board of Cemeterians, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s). A list of approved documents can be found at www.sos.ga.gov under the Quick Links tab.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the State Board of Cemeterians and/or criminal prosecution.

STATE OF GEORGIA
COUNTY OF _____

_____
SIGNATURE OF THE APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

_____
PRINT NAME

_____
NOTARY PUBLIC
MY COMMISSION EXPIRES: _____

_____
DATE

OTHER GEORGIA ENTITIES OWNED BY THE APPLICANT

If the applicant or any affiliate of the applicant owns any other entities in Georgia that are regulated by O.C.G.A. § 10-14, provide the following information on each entity. Copy this page if necessary.

NAME OF ENTITY			**REGISTRATION NUMBER**	
MAILING ADDRESS				
STREET OR PO BOX	**CITY**	**STATE**	**ZIP CODE**	**TELEPHONE**
PHYSICAL ADDRESS				
STREET (NOT A PO BOX)	**CITY**	**STATE**	**ZIP CODE**	**TELEPHONE**

NAME OF ENTITY			**REGISTRATION NUMBER**	
MAILING ADDRESS				
STREET OR PO BOX	**CITY**	**STATE**	**ZIP CODE**	**TELEPHONE**
PHYSICAL ADDRESS				
STREET (NOT A PO BOX)	**CITY**	**STATE**	**ZIP CODE**	**TELEPHONE**

NAME OF ENTITY			**REGISTRATION NUMBER**	
MAILING ADDRESS				
STREET OR PO BOX	**CITY**	**STATE**	**ZIP CODE**	**TELEPHONE**
PHYSICAL ADDRESS				
STREET (NOT A PO BOX)	**CITY**	**STATE**	**ZIP CODE**	**TELEPHONE**

AUTHORIZED SALES AGENTS

LIST EACH INDIVIDUAL EMPLOYED, APPOINTED, OR AUTHORIZED BY THE APPLICANT TO OFFER FOR SALE OR TO SELL ANY BURIAL OR FUNERAL MERCHANDISE ON BEHALF OF THE APPLICANT:

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION**: _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

NAME: _____ **REGISTRATION:** _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

THIS CONSENT FORM MUST BE COMPLETED & SIGNED BY EACH PERSON OWNING A CONTROLLING INTEREST IN THE APPLICANT. MAKE COPIES AS NEEDED.

CONSENT FORM

I hereby authorize the State Board of Cemeterians ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

_____
Full Name (Print)

_____

_____
Physical Address (P.O. Boxes NOT Accepted)

_____	_____	_____	_____
Sex	Race	Date of Birth	Social Security Number

One of the following must be checked:

☐ This authorization is valid for 90/180/___ (circle one) days from date of signature.

☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

_____ _____
Signature of Applicant Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled
____ Working with elder care
____ Working with children

State Board of Cemeterians

Designation of Agent for the Service of Process

KNOW ALL MEN BY THESE PRESENTS:

The undersigned

_____, of _____

Name of Authorized Person Name of Owning Entity of Cemetery

being an applicant for licensure as a Merchandise Dealer in the State of Georgia, does hereby irrevocably designate and appoint the Division Director, Professional Licensing Division, State of Georgia, as its agent for the purpose of accepting service of any and all process issued by any court located within the State of Georgia, as well as service of all pleadings and other papers, relating in any way to any action, suit or legal proceeding arising out of or pertaining to its duties or responsibilities as a Merchandise Dealer in the State of Georgia. The undersigned further consents, stipulates and agrees that any lawful process served upon the aforesaid agent shall have the same legal force and validity as if served upon the undersigned personally within the State of Georgia and that the authority contained here shall continue in force and effect so long as any liability against the undersigned remains outstanding in the State of Georgia.

This _____ day of _____, _____.

_____

Signature of Authorized Person for Ownership

_____

Print Name

State of _____, County of _____

The above-named personally appeared before the undersigned Notary Public in and for the above-named County and State, the day and date above-named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of such applicant for the purposes therein set forth.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

SEAL

_____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____