

APPLICATION FOR REGISTRATION OF PRENEED DEALER

INSTRUCTIONS

The State Board of Cemeterians reviews completed applications for approval of registration as a preneed 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 15 months prior to the date of filing of this application. **This information will be held as confidential and not open to public inspection.**
- An executed copy of the preneed escrow agreement executed by the applicant and accepted by the trustee, in accordance with O.C.G.A. § 10-14-4 (2)(L).
- Application fee of \$250.00. Application fees are non-refundable.

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 PRENEED DEALER

REASON FOR APPLICATION (CHECK ONE):

- NEW ESTABLISHMENT – FEE \$250.00 (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

Applicant's Name: _____

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

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

PRENEED ESCROW ACCOUNT INFORMATION

AGENT INFORMATION

NAME OF ESCROW AGENT (IF MORE THAN ONE AGENT, COMPLETE ADDITIONAL SECTION BELOW)

ADDRESS (STREET OR PO BOX)

CITY STATE ZIP CODE TELEPHONE

EMAIL ADDRESS

NAME OF ESCROW AGENT

ADDRESS (STREET OR PO BOX)

CITY STATE ZIP CODE TELEPHONE

EMAIL ADDRESS

DEPOSITORY INFORMATION

NAME OF DEPOSITORY

ADDRESS (STREET OR PO BOX)

CITY STATE ZIP CODE TELEPHONE

ACCOUNT NAME

ACCOUNT NUMBER

NAME OF DEPOSITORY

ADDRESS (STREET OR PO BOX)

CITY STATE ZIP CODE TELEPHONE

ACCOUNT NAME

ACCOUNT NUMBER

