



**Georgia Secretary of State
Cemeteries Division**

*****To assist in the timely process of your application, USE THIS AS A CHECKLIST to assemble your application packet*****

**PRENEED DEALER Application
Instructions for Form PN-100**

- 1. **Registration Fee:** The initial application fee is **\$250.00**. The payment must be made by check or money order, payable to Georgia Secretary of State. *Application fees are non-refundable.*

- 2. **Form PN-100: Submit a fully completed PN-100 application.** Each page of this application must be completed with signatures and notarization where indicated. Attach additional sheets when needed and/or any other supplemental documentation required for review. Please note to gather the following information for this application:
 - A. Principal Business (Dealer) information: Including the location, mailing address, and telephone number of the principal business location in Georgia.
 - B. Other locations: List the location, mailing address, and telephone number for other locations where business is conducted, together with any trade names associated with each location. Please attach additional sheet as necessary to provide all locations.
 - C. Records: List all locations of the records of the applicant which relate to preneed sales in Georgia.
 - D. Ownership/Relationship Information: Owner's information and/or officers', partners', and stakeholders' information.
 - E. Background Information: Please address each security question in full. Remember to attach any supporting documents for any "Yes" answers to questions in this section.
 - F. Consent Forms completed and signed by each person with a controlling ownership interest.
 - G. Affidavit of Citizenship and a copy of the applicant's SVD (Secure and Verifiable Document)
 - H. Consent to Service form.

- 3. **Business information:** Attach supporting documents related to when the business became *incorporated, organized or formed*. In addition, you will have to submit all of the following unless it is determined that a requirement does not apply to this entity:
 - A. *If the legal owner is a Partnership, submit a copy of the executed Partnership agreement.*

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- B. Submit information on *any* other entities that are owned by the applicant or *any* of its affiliates that are regulated by Section 10-Chapter 14 of the Georgia Code.
 - C. Authorized sales agent information. Submit the name, business address and registration number for each authorized sales agent.
 - D. 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.**
4. **Preneed Escrow Information**: Attach all required information in regards to the preneed escrow account as listed below:
- A. The name, address, location, and telephone number of the preneed trust or escrow account depository or depositories, the names of the accounts, and the account numbers.
 - B. The name, address, and telephone number of the trust or escrow agent.
 - C. 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 (b)(2)(L).

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APPLICATION FOR REGISTRATION OF PRENEED DEALER
O.C.G.A. §10-14-4 (b)(2)(A-O)

Item 1: GENERAL INFORMATION

A. REASON FOR APPLICATION (CHECK ONE):

- NEW ESTABLISHMENT – FEE \$250.00**
Make check payable to Georgia Secretary of State. *APPLICATION FEES ARE NON-REFUNDABLE*
- AMENDMENT ONLY – NO FEE REQUIRED.**

B. DEALER INFORMATION

1. NAME OF DEALER: _____

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN): _____

2. 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.

3. 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.

4. LOCATION OF ALL RECORDS WHICH RELATE TO THE PRENEED SALES IN GEORGIA

NUMBER and STREET (P.O. BOX NOT ACCEPTABLE)

CITY STATE COUNTY ZIP CODE

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Item 2: OWNERSHIP/RELATONSHIP INFORMATION

IF THE BUSINESS IS A SOLE PROPRIETORSHIP (NOT CORPORATION, PARTNERSHIP, LLC)		
Owner Name:		
Address: (Not A P.O. Box)		
City:	State:	Zip Code:
Telephone:		
IF THE BUSINESS IS A PARTNERSHIP		
Partnership Name:		
General Partners and others with at least 10% ownership interest in the Partnership (attach additional pages if needed)		
Name:		
Title:		Percent of Ownership:
Address: (Not P.O. Box)		
City:	State:	Zip Code:
Telephone:		
Name:		
Title:		Percent of Ownership:
Address: (Not P.O. Box)		
City:	State:	Zip Code:
Telephone:		
Name:		
Title:		Percent of Ownership:
Address: (Not P.O. Box)		
City:	State:	Zip Code:
Telephone:		

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IF THE BUSINESS IS A CORPORATION OR LLC

Legal Business Name:

Date of Incorporation:

State of Incorporation:

Name of Person To Contact:

Title:

Contact Person's Email Address:

Contact Telephone:

Name of Registered Agent:

Registered Agent Telephone:

Registered Agent Address:

City:

State:

Zip Code:

Physical Location Address For Corporation or LLC:

City:

State:

Zip Code:

Telephone Number:

Physical Location Address Where All Books & Records Related to Cemetery Are Kept:

City:

State:

Zip Code:

Telephone Number:

List all officers, members and others who own at least 10 percent or more of any class of ownership interest in the corporation or LLC.

Title:

Name:

**Percent of
Ownership:**

Address:

City:

State:

Zip Code:

Title:

Name:

**Percent of
Ownership:**

Address:

City:

State:

Zip Code:

Title:

Name:

**Percent of
Ownership:**

Address:

City:

State:

Zip Code:

ITEM 3: PERSONS WITH CONTROLLING INTERESTS

A. CONSENT FORM

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

I hereby authorize the Georgia Secretary of State 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.

OR

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

Signature

Date

Special licensure provisions (check if applicable):

_____ Working with mentally disabled

_____ Working with elder care

_____ Working with children

B. AFFIDAVIT OF CITIZENSHIP

I certify and declare that I am of good moral character and that all information contained in this application is true and correct, to the best of my knowledge. I understand that any willful omission or falsification of pertinent information required in the application is justification for the denial, suspension, or revocation of my registration by the Secretary of State. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Cemetery and Funeral Services Act of 2000 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:

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) such as driver’s license, passport, or document under O.C.G.A. § 50-36-2.
- 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 Secretary of State, Board of Cemeteries and/or criminal prosecution.

I also understand that if I have made a false statement on the application, or if I am found to have been convicted of a felony and have not had all of my civil rights restored pursuant to the law, **the Secretary of State may suspend my registration without a prior hearing.** I shall be entitled to a hearing after the suspension of my registration.

Signature of Applicant

Print Applicant’s Name

Date

STATE OF Georgia
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 2_____

Notary Public Signature _____

My Commission Expires _____
(seal)

Item 4: PROFESSIONAL BACKGROUND INFORMATION

APPLICANT NAME: _____

The Applicant must answer the following questions. If the answer is “Yes” to any of these questions, you must provide explanation, including certified documentation, such as court dispositions, disciplinary action by a licensing board, etc. Attach additional pages, if necessary.

BACKGROUND QUESTIONS		
1.	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 any state, including Georgia, revoked, suspended, or otherwise sanctioned?	Yes No
2.	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 any state, including Georgia?	Yes No
3.	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
4.	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
5.	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, or sentenced, for any felony, misdemeanor, DWI, DUI, or any crime involving moral turpitude? 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
6.	Has the applicant, owner, any partner, officer or member, or anyone owning a controlling interest in the corporation or LLC ever entered a plea of guilty or nolo contendere, or been given First Offender status for any felony, misdemeanor, DWI, DUI, or any crime involving moral turpitude? 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
7.	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?	Yes No

Item 5: OTHER GEORGIA ENTITIES OWNED BY THE APPLICANT

APPLICANT NAME: _____

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.

ENTITIES OWNED			
Name of Entity			Registration Number
Mailing Address	City	State	Zip Code
Physical Address: Street (Not a P.O. Box)	City	State	Zip Code
Telephone Number:			
Name of Entity			Registration Number
Mailing Address	City	State	Zip Code
Physical Address: Street (Not a P.O. Box)	City	State	Zip Code
Telephone Number:			
Name of Entity			Registration Number
Mailing Address	City	State	Zip Code
Physical Address: Street (Not a P.O. Box)	City	State	Zip Code
Telephone Number:			
Name of Entity			Registration Number
Mailing Address	City	State	Zip Code
Physical Address: Street (Not a P.O. Box)	City	State	Zip Code
Telephone Number:			
Name of Entity			Registration Number
Mailing Address	City	State	Zip Code
Physical Address: Street (Not a P.O. Box)	City	State	Zip Code
Telephone Number:			
Name of Entity			Registration Number
Mailing Address	City	State	Zip Code
Physical Address: Street (Not a P.O. Box)	City	State	Zip Code
Telephone Number:			

Item 6: AUTHORIZED SALES AGENT INFORMATION

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.

	<i>Name</i>	<i>Business Address</i>	<i>Registration #</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

ATTACH ADDITIONAL SHEETS IF NECESSARY

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Item 7: PRENEED ESCROW ACCOUNT INFORMATION

IF MORE THAN ONE AGENT, COMPLETE ADDITIONAL SECTION BELOW			
Name of Escrow Agent			
Address	City	State	Zip Code
Telephone Number	Email Address		
Name of Escrow Agent			
Address	City	State	Zip Code
Telephone Number	Email Address		
Name of Escrow Agent			
Address	City	State	Zip Code
Telephone Number	Email Address		
DEPOSITORY INFORMATION			
Attach additional pages, as necessary, with complete information for each depository.			
Name of depository			
Address	City	State	Zip Code
Account Name	Account Number		
Name of contact person	Telephone Number	Email Address	
Name of depository			
Address	City	State	Zip Code
Account Name	Account Number		
Name of contact person	Telephone Number	Email Address	
Name of depository			
Address	City	State	Zip Code
Account Name	Account Number		
Name of contact person	Telephone Number	Email Address	

Item 8: 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

being an applicant for licensure as a Preneed Dealer in the State of Georgia, do hereby irrevocably designate and appoint the Georgia Secretary of State 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 Preneed 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 SIGNATURE

MY COMMISSION EXPIRES: _____