

Cemetery Board

CEMETERY COMPANY RENEWAL/REINSTATEMENT APPLICATION

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed [credit card insert](#) must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select one of the following actions:

X	Type of Action	Trans	Fee
<input type="checkbox"/>	Renewal	2020	\$580.00 <i>per cemetery</i>
<input type="checkbox"/>	Reinstatement	4020	\$580.00 <i>per cemetery</i>

1. Virginia License Number:

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2. Cemetery Company Name _____

3. Trade, "Doing Business As" (DBA), or Fictitious Name _____

4. Type of business entity (select only one)

- Sole Proprietorship
 Limited Partnership ♦
 Limited Liability Company ♦
 Other, please specify: _____
 Association
 General Partnership
 Corporation ♦

State Corporation Commission Number: _____

♦ If your business is a **corporation, limited liability company, or limited partnership**, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

- > **Partnerships** should attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission (SCC).
- > All companies must comply with the local business licensing requirements of the county, city or town in which they are conducting business.

5. Select one of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) ♦

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Federal Employer Identification Number (12-3456789)

♦ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's/Individual's Social Security Number *or*

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Social Security or Virginia DMV Number (123-45-6789)

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

6. Mailing Address (PO Box accepted) _____

If a mailing address is submitted, the mailing address will be printed on the license.

City _____ State _____ Zip Code _____

BOARD USE ONLY	SCC NO.		ACTIVE No <input type="checkbox"/> Yes <input type="checkbox"/>				
OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY #	4901	FILE #/LICENSE #	ISSUE DATE

7. Street Address (PO Box not accepted) Check here if Street Address is the same as the Mailing Address listed above.

PHYSICAL ADDRESS IS REQUIRED.

 City State Zip Code

8. Email Address _____

9. Contact Numbers _____

Primary Telephone Alternate Telephone Fax

10. The Cemetery Company's fiscal year beginning date _____ and ending date _____

11. List all cemeteries in Virginia in which the company named on this application has a business interest:

Cemetery Name	Physical Address

12. Principals - Provide the following information for all company officers and directors (i.e., the officers and/or directors of your association, the managers or members of your limited liability company, or the officers of your corporation):

Full Name	Address	Title	Social Security No. or VA DMV Control Number*

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

13. Company's Registered Agent

A. Name of Agent

 Last First Middle Generation

B. Agent's Address _____

 City State Zip Code

C. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN) [❖]

____ - _____

Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's/Individual's Social Security Number *or*

____ - ____ - _____

Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number *

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

14. Company's Compliance Agent

A. Name of Compliance Agent

 Last First Middle Generation

B. Compliance Agent's Address _____

City _____ State _____ Zip Code _____

C. Compliance Agent's Identification Number (Provide **one** of the following.)

Social Security Number or Virginia DMV Control Number* - -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

D. Compliance Agent's Date of Birth _____ (Must be at least 18 years of age.)
MM/DD/YYYY

E. Has the **compliance agent** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor involving moral turpitude**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **misdemeanor involving moral turpitude** of any conviction(s). Attach your *original criminal history record** and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

F. Has the **compliance agent** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **felony** conviction(s). Attach your *original criminal history record** and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

G. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I (the compliance agent) is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Signature _____ Date _____

Signature of Compliance Agent/Designee

15. Perpetual Care Trust Fund Trustee

A. Name of Perpetual Care Trust Fund Trustee _____

B. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN)[❖]

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Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's/Individual's Social Security Number *or*

- -

Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number *

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Perpetual Care Trust Fund Trustee Address

City State Zip Code

D. Name of Contact Person

E. Contact Person's Title

F. Perpetual Care Trustee Contact Numbers

Primary Telephone

Alternate Telephone

G. Is the Perpetual Care Trust Fund Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes

No If no, has the Virginia Cemetery Board previously approved the trustee?

Yes If yes, your company or the trustee must furnish the Board with proof that a fidelity bond with corporate surety thereon, payable to the trust established, has been secured and is in effect.

No If no, your company must submit a Trustee Approval Application to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Perpetual Care Trust Fund for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

16. Preneed Trust Fund Trustee

A. Name of Preneed Trust Fund Trustee

B. Select **one** of the following and provide the information below.

Business Federal Employer Identification Number (FEIN)[❖]

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Federal Employer Identification Number (12-3456789)

❖ State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's/Individual's Social Security Number *or*

- -

Social Security or Virginia DMV Number (123-45-6789)

Virginia Department of Motor Vehicles Control Number *

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Preneed Care Trust Fund Trustee Address

City State Zip Code

D. Name of Preneed Trust Fund Contact Person

E. Preneed Trust Fund Contact Person's Title

F. Preneed Trustee Contact Numbers

Primary Telephone

Alternate Telephone

G. Is the Preneed Trust Account Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes

No If no, has the Virginia Cemetery Board previously approved the trustee?

Yes If yes, your company or the trustee must furnish the Board with proof that a fidelity bond with corporate surety thereon, payable to the trust established, has been secured and is in effect.

No If no, your company must submit a *Trustee Approval Application* to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Preneed Trust Account for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

17. Has your **firm, any principals, or compliance agent** listed on this application ever been subject to disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

18. A. Has your **firm, or any principals** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within **five years** of the date this application? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **misdemeanor** conviction(s). Attach your *original criminal history record** and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

B. Has your **firm, or any principals** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony or crime of moral turpitude**, there being no appeal pending therefrom or the time for appeal having elapsed? *Any plea of nolo contendere shall be considered a conviction.*

No

Yes If yes, list the **felony** conviction(s). Attach your *original criminal history record** and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

* *Original criminal history record* may be obtained by contacting the Virginia State police. Applicants with convictions from other jurisdictions, other than Virginia must provide an original official criminal history record from each state/jurisdiction in which they have been convicted. Virginia residents may request complete criminal records from the Virginia State Police at www.vsp.virginia.gov or by phone at 804-674-6718.

19. Has your company recovered all of its original perpetual care trust fund deposits under § 54.1-2321 of the *Code of Virginia*?

No If no, enter the amount of the trust that has not yet been recovered: _____

Yes

20. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the company, company officers or directors, or compliance agent is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Print Name _____ Title _____

Signature _____ Date _____

Officer, Director or Compliance Agent