



Cemetery Board
CEMETERY COMPANY LICENSE APPLICATION
 Fee \$580.00 per cemetery

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.

1. Cemetery Company Name _____
2. Trade, "Doing Business As" (DBA), or Fictitious Name _____
3. Type of business entity (select only one)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership♦	<input type="checkbox"/> Limited Liability Company♦	<input type="checkbox"/> Other, please specify: _____
<input type="checkbox"/> Association	<input type="checkbox"/> General Partnership	<input type="checkbox"/> 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 (including out-of-state businesses). 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.

4. 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.

5. Mailing Address (PO Box accepted) _____
 If a mailing address is submitted, the mailing address will be printed on the license.

City _____ State _____ Zip Code _____

6. 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 _____

7. Email Address _____

8. Contact Numbers _____
Primary Telephone Alternate Telephone Fax

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

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

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

Cemetery Name	Physical Address

11. 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	Date of Birth	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.

12. Company's Registered Agent

A. Name of Agent

Last First Middle Generation

B. Agent's Address

City State Zip Code

C. Registered 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.

13. Company's Compliance Agent

A. Name of Compliance Agent

Last First Middle Generation

B. Compliance 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* Virginia Department of Motor Vehicles Control Number * - -

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.

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

MM/DD/YYYY

- E. Does the Compliance Agent have two years experience in the cemetery business?
 No
 Yes
- F. Has the Compliance Agent successfully completed a Board-approved training course?
 No
 Yes If yes, attach original certificates of completion of training courses or other documentation certifying completion of the course.
- G. 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.

- H. 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.

- I. 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 _____
 Compliance Agent

14. 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) ❖

-

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 Perpetual Care Trust Fund Contact Person _____

E. Perpetual Care Trust Fund 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, your company must submit a *Trustee Approval Application* to obtain trustee approval from the Virginia Cemetery Board. 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.

15. 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) ❖

-

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 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, 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.

16. Does your firm, any principals, or compliance agent ever held a current or previous cemetery license, certification or registration in any state (including Virginia) or any other jurisdiction within the United States or its territories?

No

Yes

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? This includes, but not limited to, any monetary penalties, fines, or disciplinary action taken by any federal, state or local regulatory agencies.

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 a *misdemeanor* within *five years* of the date this application is submitted? *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 established an irrevocable trust fund in the amount of at least \$50,000 for the perpetual care of its cemeteries as required by §54.1-2316 of the *Code of Virginia*?
 No
 Yes
20. 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
21. 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 principals, 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

Required Attachment:

- A completed *Perpetual Care Trust Fund Trustee Verification Form* must be attached to this application.