Commonwealth of Virginia Department of Professional and Occupational Regulation 9960 Mayland Drive, Suite 400 Richmond, Virginia 23233-1485 (804) 367-0010 www.dpor.virginia.gov



Cemetery Board CEMETERY COMPANY RENEWAL/REINSTATEMENT APPLICATION

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

		APPLICATION F	EES ARE NOT F	REFUNDABLE.
		Select one	of the following	actions:
		X Type of Action	Trans Renewa	al/Reinstatement Fee
		Renewal	2020 \$250	.00 per cemetery
		Reinstatement	4020 \$830	.00 per cemetery
1.	Virginia License Number	r: 4 9 0 1		
2.	Cemetery Company Nan	ne		
3.	Assumed or Fictitious Na	ame *		
		<i>name</i> is to be used, a copy of /irginia must be attached to thi		with the Virginia State Corporation Commission (SCC) pursuant to
4.	A. Type of business e	ntity (select only <u>one</u>)		
	Sole Proprietorsh	nip 🔄 General Partne	ership 🗌 Solely	Owned LLC
	Limited Partners	hip 🔄 Limited Liability	y Company	Other, please specify:
	Other: Association, Bu Professional Limited Liab		ncy, Joint Venture, I	imited Liability Partnership, Non Profit, Professional Corporation, or
	B. State Corporation (Commission (SCC) Numb	per:	(If applicable)
	business entity under t partnership, limited li fictitious name unless re	the laws of the Commonweal iability company or corporat egister with the Virginia SCC.	th of Virginia or oth tion shall conduct of	out-of-state businesses). Firms/Businesses shall be organized as a nerwise authorized to transact business in Virginia. No <i>person,</i> r transact business in this Commonwealth under any assumed or <u>sec.virginia.gov</u> or by phone at (804) 371-9733.
	Partnerships should at	ttach recording data or a certifi	icate of partnership	issued by the Virginia State Corporation Commission (SCC).
5.	Provide <u>one</u> of the follow	ving identification number	rs:	
	Business Federal Er	mployer Identification Numb	er (EIN)	
	Sole Proprietor's/Ind	lividual's Social Security Nu	mber and/or	
	Department	t of Motor Vehicles Control	Number 米	
		on number as used on previous a		
				LC, to provide a federal employer identification number. Sole proprietor or or a control number issued by the Virginia Department of Motor Vehicles.

BOARD USE ONLY	SCC	NO.	ACTIVE NO Yes				
OFFICE USE ONLY	DATE	FEE	trans code	ENTITY #	4901	LE #/LICENSE #	ISSUE DATE
A462-49	01RENREI-v7					Cemetery Board/RENEW	REINSTATE APP

6.	Mailing Address (PO The mailing addres printed on the lin	ss will be					
	printed on the in		City			State	Zip Code
7.	Street Address (PO B PHYSICAL ADDR	,	C	heck here if Street Addres	is is the <u>same</u> as the Mailing	g Address listed abo	we.
			City			State	Zip Code
8.	Contact Numbers			Altere	- (- T -ll		F .
		Primary Telep	onone	Altern	ate Telephone		Fax
9.	Email Address						
		Email addres	ss is conside	ered a public record and	d will be disclosed upon	request from a thi	rd party.
10.	The Cemetery Compa	any's fiscal year beg	ginning da	te	and ending o	late	
11.	List all cemeteries in	Virginia in which the	e company	named on this ap	plication has a busin	ess interest:	
	Cemetery	Name			Physical Addres	SS	

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
В.	Agent's Address				
		City		State	Zip Code

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U.		ODD OT	της το	ann	nrovine	tno.	Information	
Ο.	OCICCL			anu		uic.	information	

Business Federal Employer Identification Number (FEIN)

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

Virginia Department of Motor Vehicles Control Number

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	- [-			
]	

- > Enter the same identification number as used on previous applications or licenses on file with the department.
- * State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must 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

			<u> </u>		
	Last	First	Middle		Generation
Β.	Compliance Agent's Address				
		City		State	Zip Code
C.	Compliance Agent's Identification N	lumber [≭] :			
	Individual's Social Security Numbe	r and/or	-	-	
	Department of Motor Vehi	cles Control Number			
*	State law requires every applicant for a license, issued by the Commonwealth to provide a social				
D.	Compliance Agent's Date of Birth	(Must	be at least 18 years	of age.)	
E.	Has the compliance agent listed of adjudication, in any jurisdiction there being no appeal pending there shall be considered a conviction.	of the United States of any r	misdemeanor inv	volving mo	ral turpitude,
	Yes 🔲 If yes, complete the <u>C</u>	Criminal Conviction Reporting Fo	<u>orm.</u>		
F.	Has the compliance agent listed	on this application ever been o	convicted or found	d guilty, reg	ardless of the

- 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, complete the Criminal Conviction Reporting Form.

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	
Perpetual Care Trust Fu	nd Trustee	
A. Name of Perpe	tual Care Trust Fund Trustee	

15.

B. S	Select <u>one</u> of th	e following and	provide the	information	below*:
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Business Federal Employer Identification Number (FEIN)

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

Virginia Department of Motor Vehicles Control Number

-					
	-		-		

- > Enter the same identification number as used on previous applications or licenses on file with the department.
- * State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must 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 Con	tact Numbers	imary Telephone		Alternate Te	lephone
G.	Is the Perpetual Care Trust bank or savings institution d Yes D No If no, has the		nonwealth of Virg	inia?		derally insured
	Yes 🗌	If yes, your company or fidelity bond with corpora been secured and is in ef	te surety thereon			
	No 🗌	If no, your company must approval from the Virgin Virginia Cemetery Board the trust established, whi [name of cemetery comp of the value of the princip year.	ia Cemetery Boa a fidelity bond wit ch shall be desig any]," in a sum e	ard and the corporate s nated "Perpe qual to, but n	trustee mi urety there tual Care ot less tha	ust furnish the con, payable to Trust Fund for n, 100 percent
Preneed	d Trust Fund Trustee					
Α.	Name of Preneed Trust Fun	d Trustee				
В.	Select one of the following a	and provide the information	n below [*] :			
	Business Federal Employe	er Identification Number (FEI	N)	-		
	Sole Proprietor's/Individua	's Social Security Number	and/or	-	-	

> Enter the same identification number as used on previous applications or licenses on file with the department.

Virginia Department of Motor Vehicles Control Number

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

16.

C.	Preneed Care	Trust Fund	Trustee	Address

			City		Ctoto	Zip Code	
			City		State	Zip Code	
	D.	Name of Preneed Trust Fi	und Contact Pers	on			
	E.	Preneed Trust Fund Conta	act Person's Title				
	F.	Preneed Trustee Contact	Numbers				
				Primary Telephone	Alternate T	elephone	
	 G. Is the Preneed Trust Account Trustee a Virginia trust company or trust subsidiary or a federally insured ban or savings institution doing business in the Commonwealth of Virginia? Yes No If no, has the Virginia Cemetery Board previously approved the trustee? 						
		Yes 🗌 No 🗌	If yes, your of fidelity bond v been secured If no, your cor approval from Virginia Ceme the trust esta [name of cem	company or the trustee must with corporate surety thereon, and is in effect. Inpany must submit a <u>Trustee</u> in the Virginia Cemetery Board a fidelity bond with ablished, which shall be des etery company]," in a sum ec f the principal of the trust est	t furnish the Board w payable to the trust e <u>Approval Application</u> to and the trustee m n corporate surety ther signated "Preneed Tru qual to, but not less that	o obtain trustee nust furnish the eon, payable to ust Account for an, 100 percent	
17.	-	our firm, any principals, or by <u>any</u> (including Virginia) loc 	cal, state or natio		ver been subject to dis	sciplinary action	
18.	m	nanner of adjudication, in any nis application? <i>Any plea of r</i> No	y jurisdiction of the solution	this application been convict the United States of any misde shall be considered a conviction inviction Reporting Form.	emeanor within five ye	•	
	m be	anner of adjudication, in an eing no appeal pending ther onsidered a conviction. No	y jurisdiction of the time	s application ever been convine United States of any felor e for appeal having elapsed? nviction Reporting Form.	ny or crime of moral t	turpitude, there	
19.	Has yo Virginia	our company recovered all o		petual care trust fund deposi	its under § 54.1-2321	of the Code of	
	No Yes		int of the trust the	at has not yet been recovered			
20.	By sig	ning this application, I certify	the following sta	tements:			

• I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.

- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any
 person, or any source the department may contact. I also agree to present any credentials or documents
 required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 23.1 of the Code of Virginia and the Virginia Cemetery Board Regulations.

Print Name			

Signature

Date