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 |

| - | | - | | | | | | \sim |
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| \sim | | | | | a na cui al a d | 1 I | ling for more office in | |
| 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

| - | | | | | | |
|---|-----|--|---|--|---|--|
| | - [| | - | | | |
| | | | | |] | |

- > 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*: |
|------|-------------------------|-----------------|-------------|-------------|---------|
|------|-------------------------|-----------------|-------------|-------------|---------|

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.
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 - 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