



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
 200 East Gaines Street
 Tallahassee, FL 32399- 0361

HISTORICAL SKETCH

I, _____, submit the following information to the Board of Funeral, Cemetery and Consumer Services for its use as a part of the license application filed pursuant to Chapter 497, Florida Statutes, by _____.
 (name of entity applying)

Residence Address: _____
 (street address)

_____ (city) _____ (country) _____ (state) _____ (zip)

Date of Birth _____ Place of Birth _____

Home Phone No. _____ Business Phone No. _____

Length of residence in community where I now live _____

Relationship to Applicant: _____
 (office held, % of ownership, etc.)

Value of my holding in the business (owned or subscribed for) \$ _____

EDUCATION RECORD

	<u>No. of Years Attended</u>	<u>Graduated Yes or No</u>	<u>Degree Received</u>	<u>Name and Location of School</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

BUSINESS AFFILIATIONS

(List all firms, companies, corporations, or other business organizations of which you are at present director, officer, employee, partner, owner)

Name and Location Nature of Business Position Held

1. Complete the following schedule to show the businesses or occupations in which you have been engaged during the last 10 years before filing this application.

MUST BE COMPLETE

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Present or Most Recent Occupation

Length of Employment: From _____ to _____

Employer _____ Kind of Business _____

Street Address _____ Your Position _____

City and State _____ Supervisor's Name _____

Why did you leave? _____

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Next Previous Occupation

Length of Employment: From _____ to _____

Employer _____ Kind of Business _____

Street Address _____ Your Position _____

City and State _____ Supervisor's Name _____

Why did you leave? _____

=====

Next Previous Occupation

Length of Employment: From _____ to _____

Employer _____ Kind of Business _____

Street Address _____ Your Position _____

City and State _____ Supervisor's Name _____

Why did you leave? _____

=====

Next Previous Occupation

Length of Employment: From _____ to _____

Employer _____ Kind of Business _____

Street Address _____ Your Position _____

City and State _____ Supervisor's Name _____

Why did you leave? _____

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- 2. Furnish the names and addresses of all banks with which you have done business during the past five years, and designate the type of account. State whether each account is active or closed. Please include the account number. I hereby agree that any of the referred banks may release the information requested by the Department to determine my qualifications for the licensing.

<u>Name of Bank</u>	<u>Address of Bank</u>	<u>Type of Account</u>	<u>Account Number</u>	<u>Open or Closed</u>
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Signature

- 3. Are you, and any company with whom you are connected, financially solvent?

- 4. Have you, or any company of which you are or were then an officer or member, ever been declared bankrupt? _____ (If answer is in the affirmative, attach complete signed notarized statement of the facts, together with the name and location of the court in which the proceedings were held or are pending.)
- 5. Have you any judgments against you? _____ (If answer is in the affirmative, attach a complete signed notarized statement of the facts, together with the name and location of the court in which the proceeding were held or are pending.)
- 6. Has a license of any kind held by you been denied, suspended or revoked? _____ (If answer is in the affirmative, attach a complete signed notarized statement of the charges and facts, furnishing full details.)

7. Have you ever been convicted of, or pled nolo contendere to, any criminal offense involving dishonesty or a breach of trust? _____ (If answer is in the affirmative, attach a complete signed notarized statement of the charges and facts.)
8. Please comment on any experience you have in the cemetery business:

By affixing my signature to this form, I hereby agree that the Department of Financial Services may make full inquiry of each of the above named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including the procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications for registration under Chapter 497, Florida Statutes, and do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statements of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under direction of, the Department, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Florida Department of Law Enforcement and the National Criminal Information Center (NCIC).

CERTIFICATE

I hereby certify that the information presented herein is true and correct to the best of my knowledge and belief, that said information is submitted voluntarily by me to the Department of Financial Services as essential data in connection with the application described above, and acknowledge that any misstatement may cause the Division of Funeral, Cemetery and Consumer Services to initiate proceedings against the license.

Signature

Date Signed
(must be within 30 days prior to receipt by the Department)

Social Security No. _____
