



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

CEMETERY RENEWAL
FOR THE ANNUAL PERIOD BEGINNING JANUARY 1ST

Under Section 497.265, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

The annual license fee is based on the annual gross sales of the cemetery during the preceding twelve-month fiscal period.

LAST FISCAL YEAR ENDED _____, 20____ ANNUAL GROSS SALES WERE \$_____

| <u>GROSS SALES</u> | <u>FEE REQUIRED</u> |
|-----------------------------------|---------------------|
| \$ Zero thru \$ 24,999 | Fee is \$ 255.00 |
| \$ 25,000 thru \$ 99,999 | Fee is \$ 355.00 |
| \$ 100,000 thru \$ 249,999 | Fee is \$ 605.00 |
| \$ 250,000 thru \$ 499,999 | Fee is \$ 905.00 |
| \$ 500,000 thru \$ 749,999 | Fee is \$ 1,355.00 |
| \$ 750,000 thru \$ 999,999 | Fee is \$ 2,255.00 |
| \$1,000,000 thru \$4,999,999..... | Fee is \$ 3,255.00 |
| \$5,000,000 and over | Fee is \$ 4,905.00 |

If you have any questions or need assistance in completing this application, please contact the Division of Funeral, Cemetery & Consumer Services at (850) 413-3039.

**Mail form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing,
P.O. Box 6100, Tallahassee, FL 32314-6100.**

| ORGANIZATION INFORMATION | | | |
|---------------------------------------|----------------|---|----------|
| FEIN: _____ | | Date of formation or incorporation: | |
| LICENSE NO.: _____ | | Mm/dd/yyyy: ____/____/____ | |
| Organization/Applicant Name | | | |
| D/B/A Name (doing business as) | | | |
| ESTABLISHMENT LOCATION ADDRESS | | | |
| Street Address | | | |
| City | County | State | Zip Code |
| MAILING ADDRESS | | | |
| Street Address or P.O. Box | | | |
| City | County | State | Zip Code |
| FOR OFFICE USE ONLY | | | |
| <u>BT</u> | <u>TYCL FT</u> | Fees are based on Gross Sales as stated above | |
| V | 3400 L | \$250 to \$4,900 | |
| | 3800 F | \$ <u>5</u> | |
| | | \$255 to \$4,905 | |