



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

**EXEMPT CEMETERY FOR THE RENEWAL PERIOD  
 BEGINNING OCTOBER 1, 2008**

(Note: Due every five years on October 1<sup>st</sup> from 10/1/93)

Under Section 497.287, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services

IMPORTANT: FAILURE TO SUBMIT THE RENEWAL FEE OF \$25 AND THIS FORM PRIOR TO OCTOBER 1<sup>st</sup> OF THE END OF EACH QUINQUENNIAL PERIOD (MUST BE RECEIVED BY DEPARTMENT ON OR BEFORE SEPTEMBER 30<sup>th</sup>) SHALL RESULT IN YOUR LICENSE BEING PLACED IN AN "EXPIRED" STATUS. A NEW APPLICATION WILL BE REQUIRED TO RETURN YOUR LICENSE TO ACTIVE STATUS.

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

*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.*

ORGANIZATION INFORMATION			
FEIN: _____		Date of formation or incorporation	
LICENSE NO.: _____		Mm/dd/yyyy: ____/____/____	
NAME OF EXEMPT CEMETERY			
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
Name of Responsible Authorized Agent:		Size of Cemetery, # of Acres:	
Telephone Number: (____) ____-_____		E-mail Address:	
<b>FOR OFFICE USE ONLY</b>			
<u>BT</u> <u>TYCL FT</u>			
V 3300 L \$25			