



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

**Business Entity – List of Principals**

This form is used to identify principals of an applicant, as required by s. 497.141(12)(d), Florida Statutes.

<b>Section 1. APPLICANT INFORMATION</b>
<p>Name of applicant:</p> <p><i>(the license, if issued, will be issued in this name)</i></p>
<p>Type of applicant (check one):</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Limited liability company (LLC)</p> <p><input type="checkbox"/> Partnership</p>
<b>Section 2. IDENTIFICATION OF PRINCIPALS</b>
<p>Identify below all persons involved in the entity making the application, meeting any of the following descriptions in regard to the applicant: officers, managers, managing members, partners, general partners, limited partners, managing partners, directors, all stockholders controlling more than 10 % of the voting stock, and all other persons who can exercise control over the applicant. <b>PLEASE PROVIDE SOCIAL SECURITY NUMBERS FOR EACH PRINCIPAL ON LAST PAGE.</b></p>
<p><b>(1) Name :</b></p> <p><b>Date of Birth (mm/dd/yy):</b>        /        /</p> <p><b>This person is a (check all applicable):</b>    <input type="checkbox"/> Corporate Officer    <input type="checkbox"/> Corporate Director    <input type="checkbox"/> Stockholder controlling more than 10 % of the voting stock    <input type="checkbox"/> LLC Member    <input type="checkbox"/> LLC Manager    <input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Other person who can exercise control over the applicant.</p> <p><b>Specific functional title, if any (e.g., CEO, General Counsel, CFO, etc):</b></p>
<p><b>(2) Name :</b></p> <p><b>Date of Birth (mm/dd/yy):</b>        /        /</p> <p><b>This person is a (check all applicable):</b>    <input type="checkbox"/> Corporate Officer    <input type="checkbox"/> Corporate Director    <input type="checkbox"/> Stockholder controlling more than 10 % of the voting stock    <input type="checkbox"/> LLC Member    <input type="checkbox"/> LLC Manager    <input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Other person who can exercise control over the applicant.</p> <p><b>Specific functional title, if any (e.g., CEO, General Counsel, CFO, etc):</b></p>
<p><b>(3) Name :</b></p> <p><b>Date of Birth (mm/dd/yy):</b>        /        /</p> <p><b>This person is a (check all applicable):</b>    <input type="checkbox"/> Corporate Officer    <input type="checkbox"/> Corporate Director    <input type="checkbox"/> Stockholder controlling more than 10 % of the voting stock    <input type="checkbox"/> LLC Member    <input type="checkbox"/> LLC Manager    <input type="checkbox"/> Partner</p> <p><input type="checkbox"/> Other person who can exercise control over the applicant.</p> <p><b>Specific functional title, if any (e.g., CEO, General Counsel, CFO, etc):</b></p>

**(4) Name :**

**Date of Birth** (mm/dd/yy):        /        /

**This person is a (check all applicable):**   Corporate Officer   Corporate Director   Stockholder  
controlling more than 10 % of the voting stock   LLC Member   LLC Manager   Partner  
Other person who can exercise control over the applicant.

**Specific functional title**, if any (e.g., CEO, General Counsel, CFO, etc):

**(5) Name :**

**Date of Birth** (mm/dd/yy):        /        /

**This person is a (check all applicable):**   Corporate Officer   Corporate Director   Stockholder  
controlling more than 10 % of the voting stock   LLC Member   LLC Manager   Partner  
Other person who can exercise control over the applicant.

**Specific functional title**, if any (e.g., CEO, General Counsel, CFO, etc):

**(6) Name :**

**Date of Birth** (mm/dd/yy):        /        /

**This person is a (check all applicable):**   Corporate Officer   Corporate Director   Stockholder  
controlling more than 10 % of the voting stock   LLC Member   LLC Manager   Partner  
Other person who can exercise control over the applicant.

**Specific functional title**, if any (e.g., CEO, General Counsel, CFO, etc):

**(7) Name :**

**Date of Birth** (mm/dd/yy):        /        /

**This person is a (check all applicable):**   Corporate Officer   Corporate Director   Stockholder  
controlling more than 10 % of the voting stock   LLC Member   LLC Manager   Partner  
Other person who can exercise control over the applicant.

**Specific functional title**, if any (e.g., CEO, General Counsel, CFO, etc):

**(8) Name :**

**Date of Birth** (mm/dd/yy):        /        /

**This person is a (check all applicable):**   Corporate Officer   Corporate Director   Stockholder  
controlling more than 10 % of the voting stock   LLC Member   LLC Manager   Partner  
Other person who can exercise control over the applicant.

**Specific functional title**, if any (e.g., CEO, General Counsel, CFO, etc):

**Continue on additional pages if needed.**

**Section 3. SIGNATURE OF APPLICANT REPRESENTATIVE**

**This form must be signed by the same person who signed the main application.**

\_\_\_\_\_

Signature of Applicant representative

\_\_\_\_\_

Date Signed

Applicant's Social Security No. or FEIN:

(If applicant is an individual person, enter SSN; otherwise enter FEIN.)

Social Security No. of Principal #1:

Social Security No. of Principal #2:

Social Security No. of Principal #3:

Social Security No. of Principal #4:

Social Security No. of Principal #5:

Social Security No. of Principal #6:

Social Security No. of Principal #7:

Social Security No. of Principal #8:

Continuation of additional principals' Social Security Nos., if needed:

**Purpose and Use:**

*The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.*