



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

APPLICATION FOR PRENEED BRANCH OFFICE LICENSE

Under Section 497.453(7), Florida Statutes (F.S.). Before the Board of Funeral, Cemetery, and Consumer Services.

This application shall be accompanied by payment of \$155 nonrefundable application fee. Make check payable to "Department of Financial Services." Mail form and payment to: Division of Funeral, Cemetery, and Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100. Additional information requested must be received within forty-five (45) days from the date of request by the Department. The license, if approved, will be issued for the remainder of the annual period ending June 30 of each year.

TYPE OR PRINT

1. Name of Preneed License Holder:
2. Business Name of Branch Location:
3. FEIN of Branch Entity: (If Social Security Number, response to Question 3 should be entered in the Social Security Number section located below.)
4. Branch Qualifying License Number (provide copy):
(Funeral Home, Cemetery or Direct Disposer: Name on license must be the same as No. 2 above.)
5. REG License ID of Preneed License (PNL):
6. Branch Telephone Number: - -
7. Provide Main Physical Location of Branch Office below: (Attach a listing of all other location addresses operating under this branch name. If no additional locations, so state. Advise the Department of subsequent changes.)

Street Address:

City: County: State: Zip:

<i>FOR OFFICE USE ONLY</i>			
<u>BT</u>	<u>TY</u>	<u>CL</u>	<u>FT</u>
V	3709	L	\$150
	3800	F	<u>\$ 5</u>
			\$155

8. Mailing Address if different from the above:
(All Department correspondence will be sent to this address.)

Street Address or P.O. Box:

City:

State:

Zip:

9. Branch Office Relationship to Preneed License Holder:

Same Entity Corp. Agent Corp. Subsidiary "Sister" Corp.

10. Email Address:

Application is hereby made for a preneed branch office license as provided for in Section 497.453(7), F.S., to engage in business as a preneed seller of services, merchandise, and burial rights at the branch location herein specified. I hereby affirm that the above information is true and correct and acknowledge that any misstatement may cause the Department of Financial Services and/or the Division of Funeral, Cemetery, and Consumer Services to initiate proceedings against the license. I further affirm that the branch listed herein meets the qualifications of Rule 69K-5.0015, F.A.C., and that the Certificateholder will be legally liable for the acts and liabilities of the branch entity.

Signature of Principal of PNL

Print Name and Title

Date Signed
(must be signed less than 30 days
before receipt by Department)

***** FOR OFFICE USE ONLY *****

Approved by Board on: / /

FEIN OR CONFIDENTIAL SOCIAL SECURITY NUMBER

Enter Applicant's FEIN or Social Security Number:

Privacy Statement:

Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under Section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to the Welfare Reform Act, 42 U.S.C. Section 666, and Section 497.141(2), F.S. The purpose(s) for the requested information is that 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. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by Section 119.071(5)(a)3., F.S.