

Applicant – print your name here: \_\_\_\_\_



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

**APPLICATION**  
**FOR CINERATOR FACILITY LICENSE**

Under Section 497.606, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

REQUIRED FEES (TYCL 2900)

**(Attach check or money order payable to Dept of Financial Services) (Nonrefundable)**

|  |  |
|--|--|
| If applying in first year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an even year to Nov. 30 of an odd year)                             | If applying in second year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an odd year to Nov. 30 of an even year)      |
| \$450 License fee<br>\$450 Inspection fee (prelicense inspection and year 2 inspection)<br><u>\$ 5 Unlicensed activity fee</u><br>\$905 Total due with application | \$450 License fee<br>\$225 Inspection fee (prelicense inspection)<br><u>\$ 5 Unlicensed activity fee</u><br>\$680 Total due with application |

This application form is used to seek licensure of a cinerator facility.

As used in this application, “Division” refers to the Division of Funeral, Cemetery and Consumer Services. “Board” refers to the Board of Funeral, Cemetery and Consumer Services. Unless specifically indicated otherwise, all questions and requests for data in this Application relate to the Applicant. Where the question calls for a YES or NO answer, circle the correct answer.

**Section 1. APPLICANT INFORMATION**

*Subsection 1A. Section 497.141(12), Florida Statutes, reads: (a) The following licenses may only be applied for and issued to a natural person: 1. embalmer apprentice; 2. embalmer intern; 3. funeral director intern; 4. funeral director; 5. funeral director and embalmer; 6. direct disposer; 7. monument establishment sales agent; and 8. preneed sales agent. (b) The following licenses may be applied for and issued to a natural person, a corporation, a limited liability company, or a partnership: 1. funeral establishment; 2. centralized embalming facility; 3. refrigeration facility; 4. direct disposal establishment; 5. monument establishment; 6. cinerator facility; 7. removal service; and 8. preneed sales business under s. 497.453. (c) A cemetery license may only be applied for and issued to a corporation, partnership, or limited liability company.*

Subsection 1A. Type of applicant (check one):

- Natural person (sole proprietorship, not incorporated)
- Corporation
- Limited liability company (LLC)
- Partnership

**OFFICE USE ONLY** If applied in year one of Biennium

| BT | TYCL | FT |                        |
|----|------|----|------------------------|
| V  | 2900 | L  | \$450                  |
|    | 2900 | E  | \$450 2 YR INSPECTIONS |
|    | 3800 | F  | <u>\$ 5</u>            |
|    |      |    | \$ 905                 |

If applied in year two of Biennium

| BT | TYCL | FT |                        |
|----|------|----|------------------------|
| V  | 2900 | L  | \$450                  |
|    | 2900 | E  | \$225 1 YR INSPECTIONS |
|    | 3800 | F  | <u>\$ 5</u>            |
|    |      |    | \$680                  |

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Subsection 1B. What type of application is this? Check applicable.  
\_\_\_1) Application for license for a new Cinerator Facility  
\_\_\_2) Application for approval of change in ownership of an existing Cinerator Facility

If you checked 2) above, please enter the name and license number of the Cinerator Facility under its current owner:  
License#: \_\_\_\_\_ Name: \_\_\_\_\_

Subsection 1C. Name of applicant:  
  
(the license, if issued, will be issued in this name)

Subsection 1D.

(1) If applicant is an individual person, state applicant’s date and place of birth: \_\_\_\_\_

(2) If applicant is an entity, state the date applicant was organized (e.g., date articles of incorporation were filed):  
\_\_\_\_\_

Subsection 1E. If applicant is a corporation, LLC, or partnership, answer the questions in this Subsection:

(1) Under the laws of what state was the applicant organized? \_\_\_\_\_

(2) In what state is the applicant currently domiciled? \_\_\_\_\_

(3) Is the applicant currently an entity in good standing under the business organization laws of Florida? **YES NO**

(4) Attach written documentary evidence that the applicant is an entity in good standing under the business organization laws of Florida. (e.g., a “Certificate of Status” issued by the Division of Corporations of the Florida Department of State, or equivalent certification).

(5) If applicant is a corporation, limited liability company, or partnership, complete and attach to this application, the Division form entitled “Business Entity – List of Principals.” (s. 497.142(12) (d), Florida Statutes).

Subsection 1F. If the license applied for is issued, will applicant do business under a name other than applicant’s name as shown in this application? **YES NO**

If YES, state all names applicant will do business under that are different from applicant’s name as shown in this application:

**Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION**

*Enter the name and contact information of the person the Division should contact concerning this application.*

Name:

Mailing address:

Phone number with area code:

Email address:

**Section 3. APPLICANTS PREFERRED MAILING ADDRESS**

*Enter applicant’s preferred mailing address this Division should use for routine correspondence and notices, if and after the license applied for is issued (e.g., renewal notices).*

Street or P.O. Box:

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Applicant – print your name here: \_\_\_\_\_

**Section 4. ACTUAL BUSINESS LOCATION ADDRESS**

*Enter the actual street address where operations under the license applied for will be conducted, if the license is issued. NO post office boxes or similar addresses allowed in this section.*

Street Address

|             |               |       |          |
|-------------|---------------|-------|----------|
| <b>City</b> | <b>County</b> | State | Zip Code |
|-------------|---------------|-------|----------|

Phone number with area code:

**Section 5. OTHER LICENSURE INFORMATION**

(a) Does the applicant now hold, or has applicant ever in the past held, a license or registration in Florida or any other state or jurisdiction, as a funeral director, embalmer, direct disposer, cinerator facility, direct disposal establishment, cinerator facility, removal service, centralized embalming facility, refrigeration service, cemetery, monument establishment, or preneed sales business?

**YES NO**

*If your answer to the question in this Section is YES, you must fill out and submit with this application, an “Other Licenses Form.” You must disclose on that form details of each current or prior license that required a “YES” answer to the question in this Section of this application. The “Other Licenses Form” may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**Section 6. ADVERSE LICENSING HISTORY QUESTIONS**

*As used in this Section, “you” refers to applicant; “deathcare industry license” refers to any licensure as a embalmer, funeral director, direct disposer, cinerator facility, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.*

(a) Have you ever had any deathcare industry license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? **YES NO**

(b) Have you ever had any application for a deathcare industry license denied for any reason by any regulatory authority in Florida or any other state or jurisdiction? **YES NO**

(c) Have you ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the license? **YES NO**

(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction, in regards to alleged misconduct or incompetency in the performance of work under a deathcare industry license? **YES NO**

*If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “Adverse Licensing Action History Form.” You must disclose on that form details of each adverse licensing action and pending investigation that required a “YES” answer to any of the questions in this Section of this application. That form may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or you may request the form by letter directed to the Division office at the address shown at the top of this form.*

**Section 7. CRIMINAL HISTORY QUESTIONS**

*For purposes of this section, the phrase “ person subject to disclosure requirements” should be understood to refer to and include the following persons:*

1. *If the applicant is a natural person, only the natural person making application.*
2. *If the applicant is a corporation, all officers and directors of that corporation.*
3. *If the applicant is a limited liability company, all managers and members of the limited liability company.*
4. *If the applicant is a partnership, all partners.*
5. *The licensed funeral director in charge.*

*(see s. 497.142(10)(e), Florida Statutes)*

Applicant – print your name here: \_\_\_\_\_

7A. Has any person subject to disclosure requirements ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state or the United States or a foreign country, regarding any crime indicated below:

1. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of embalming, funeral directing, direct disposition, cremation, funeral or cemetery preneed sales, cinerator facility operations, cemetery operations, or cemetery monument or marker sales or installation. **YES NO**

2. Any other felony not already disclosed under subparagraph 1. immediately above, which was committed within the 20 years immediately preceding the date this application is submitted. **YES NO**

3. Any other misdemeanor not already disclosed under subparagraph 1. above, which was committed within the 5 years immediately preceding the date this application is submitted? **YES NO**

*If applicant circled YES on behalf of any person subject to disclosure requirements, there must be filed with this application a “Criminal History Form” by each such person. There must be disclosed on that form details of every criminal action that required a “YES” answer to any of 1, 2, or 3 above. That form may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may requested by letter directed to the Division office at the address shown at the top of this form.*

7B. Name here every person subject to disclosure requirements, as to whom question 8A above is answered YES (if none, write “none”).

**Section 8. PRIOR NAME INFORMATION**

Have you, the applicant, ever used, or been known by, any name other the name under which you make this application?

**YES NO**

If the answer to the above question is YES, enter in the space below in full every such prior name, and the period it was used (attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_

**Section 9. MISCELLANEOUS MATTERS**

1. Please state the name and license number of the Florida funeral director or direct disposer who will be in charge of the cinerator facility if this application is approved.

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

2a. Will the cinerator facility be located at the same address as a funeral establishment? **YES NO**

2b. If YES, do you understand that the cinerator facility may at no time have a direct disposer as licensee in charge?

**YES NO**

(s. 497.606(9)(f), Florida Statutes)

3. How many retorts will the cinerator facility have upon commencement of operations? \_\_\_\_\_

4. Have all required Florida Department of Environmental Protection permits been obtained? **YES NO**

(s. 497.606(9) (j)6., Florida Statutes)

5a. Will unembalmed bodies be kept on site? **YES NO**

5b. If YES, will the cinerator facility have on-site refrigeration facilities for storage of dead human bodies, complying with the requirements of s. 497.386, Florida Statutes? **YES NO**

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|  |
|--|
| 6. Will the cinerator facility display at its public entrance the name of the establishment, and the name of the licensee in charge? <b>YES NO</b><br>(s. 497.606(9)(e), Florida Statutes)   |
| 7. Will the cinerator facility conduct business under any name other than as licensed? <b>YES NO</b><br>(s. 497.606(9)(e), Florida Statutes)   |
| 8. Will the cinerator facility cremate anything other than human remains? <b>YES NO</b><br>(s. 497.606(9)(d), Florida Statutes)  |
| 9. Will the cinerator facility have a system of identification of human remains received for cremation, designed to track the identity of the remains from time of receipt until completion of the cremation and delivery of the cremated remains to the authorized person, or until otherwise disposed of in accordance with instructions from the authorized person? <b>YES NO</b><br>(Rule 69K-22.004(1) , Florida Administrative Code)   |
| 10. Will the cinerator facility retain all signed contracts for cremation for a period of at least two years? <b>YES NO</b><br>(Rule 69K-22.002(7), Florida Administrative Code)   |
| 11. Will the cinerator facility either have on site or immediately available sufficient gasketed containers of a type required for the transportation of bodies as specified in applicable state rules? <b>YES NO</b><br>(s. 497.606(9)(j)4., Florida Statutes)  |
| 12. Upon completion of each cremation cycle, will the residual of the cremation be removed from the retort, pulverized and placed in a separate container? <b>YES NO</b><br>(Rule 69K-22.004(3), Florida Administrative Code)  |
| 13. Will the cinerator facility ensure that all alternative containers or caskets used for cremation contain no amount of chlorinated plastics not authorized by the Department of Environmental Protection, that they also are composed of readily combustible materials suitable for cremation, able to be closed to provide a complete covering for the human remains, resistant to leakage or spillage, rigid enough for handling with ease, and able to provide for the health, safety, and personal integrity of the public and crematory personnel? <b>YES NO</b><br>(s. 497.606(9)(h), Florida Statutes) |
| 14. Will the cinerator facility make required monthly reports to the Division of bodies cremated, as required by s. 497.606(9)(i), Florida Statutes? <b>YES NO</b>   |
| 15. It is required that the proposed cinerator facility be inspected prior to issuance of a license. On what date do you anticipate that the proposed cinerator facility will be ready to be inspected? _____  |
| 16. Do you understand that after licensure, you have a continuing duty under state law [s. 497.146, Florida Statutes], to notify this Division within 30 days of any change in your mailing address?<br><b>YES NO</b><br><i>(A "Change of Address or Contact Data" form may be found on the Division website)</i>  |
| 17. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check?<br><b>YES NO</b><br><i>Instructions concerning how and where to submit fingerprints, may be reviewed and printed from the website of the Division of Funeral, Cemetery &amp; Consumer Services, as follows: go to the website (<a href="http://www.myfloridacfo.com/funeralcemetery">www.myfloridacfo.com/funeralcemetery</a>)</i>  |
| 18. Do you understand that as part of this application, you must complete and attach the form <b>Election of Procedures for Removal of Cremated Remains and Postcremation Processing?</b> (s. 497.608, Florida Statutes)<br><b>YES NO</b><br><i>(The form may be found on the Division Website)</i>  |

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19. Applicant may attach to this application one or more additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? **YES NO** If yes, how many pages: \_\_\_\_\_

**Section 10. APPLICANT'S CERTIFICATION & SIGNATURE**

*All applications shall be signed by the applicant. Signatures of the applicant shall be as follows:*

1. *If the applicant is a natural person, the application shall be signed by the applicant.*
2. *If the applicant is a corporation, the application shall be signed by the corporation's president.*
3. *If the applicant is a partnership, the application shall be signed by a partner, who shall provide proof satisfactory to the licensing authority of that partner's authority to sign on behalf of the partnership.*
4. *If the applicant is a limited liability company, the application shall be signed by a member of the company, who shall provide proof satisfactory to the licensing authority of that member's authority to sign on behalf of the company.*

*(s. 497.141(12)(e), Florida Statutes)*

10A) **This subsection 10A must be completed in every case.** Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, Florida Statutes, relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery & Consumer Services in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files, concerning me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Name and Title

10B) If this is an application for approval of a change in ownership of the facility, an officer or other duly authorized representative of the current owner should complete this subsection 10B, and sign and date below, to signify their agreement that applicant is authorized to file this application. (If this is not a change in ownership application, skip this subsection 10B).

\_\_\_\_\_  
Signature of current owner

\_\_\_\_\_  
Date signed

Print name of person who signed above for current owner: \_\_\_\_\_

Indicate title of person signing above for current owner:

Sole proprietor  Corporate President  Managing member of LLC  Other as follows:

*Mail completed application with all attachments, and required fees to:*

Division of Funeral, Cemetery & Consumer Services  
Revenue Processing  
P.O. Box 6100  
Tallahassee, FL 32314-6100

Social Security No. or FEIN:  
\_\_\_\_\_

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