

Applicant – print name here: _____



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

**APPLICATION FOR
 DIRECT DISPOSAL ESTABLISHMENT LICENSE**

Under Section 497.604, Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

REQUIRED FEES (TYCL 2800)

(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 Sept. 1 of an odd year to Aug. 31 of an even year)	If applying in second year of biennial renewal cycle (i.e., if applying in the period Sep. 1 of an even year to Aug. 31 of an odd year)
\$450 License fee \$450 Inspection fee (prelicense inspection and year 2 inspection) \$ 5 Unlicensed activity fee \$905 Total due with application	\$450 License fee \$225 Inspection fee (prelicense inspection) \$ 5 Unlicensed activity fee \$680 Total due with application

This application form is used to seek licensure of a direct disposal establishment. 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. “FS” refers to Florida Statutes. 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

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

<p>FOR OFFICE USE ONLY</p> <p>If applying in first year of biennial renewal cycle</p> <table border="0"> <tr> <td><u>BT</u></td> <td><u>TYCL FT</u></td> <td></td> </tr> <tr> <td>V</td> <td>2800 L</td> <td>\$450</td> </tr> <tr> <td></td> <td>2800 E</td> <td>\$450 2 YR INSPECTIONS</td> </tr> <tr> <td></td> <td>3800 F</td> <td>\$ 5</td> </tr> <tr> <td></td> <td></td> <td>\$905</td> </tr> </table>	<u>BT</u>	<u>TYCL FT</u>		V	2800 L	\$450		2800 E	\$450 2 YR INSPECTIONS		3800 F	\$ 5			\$905	<p>If applying in second year of biennial renewal cycle</p> <table border="0"> <tr> <td><u>BT</u></td> <td><u>TYCL FT</u></td> <td></td> </tr> <tr> <td>V</td> <td>2800 L</td> <td>\$450</td> </tr> <tr> <td></td> <td>2800 E</td> <td>\$225 1 YR INSPECTIONS</td> </tr> <tr> <td></td> <td>3800 F</td> <td>\$ 5</td> </tr> <tr> <td></td> <td></td> <td>\$680</td> </tr> </table>	<u>BT</u>	<u>TYCL FT</u>		V	2800 L	\$450		2800 E	\$225 1 YR INSPECTIONS		3800 F	\$ 5			\$680
<u>BT</u>	<u>TYCL FT</u>																														
V	2800 L	\$450																													
	2800 E	\$450 2 YR INSPECTIONS																													
	3800 F	\$ 5																													
		\$905																													
<u>BT</u>	<u>TYCL FT</u>																														
V	2800 L	\$450																													
	2800 E	\$225 1 YR INSPECTIONS																													
	3800 F	\$ 5																													
		\$680																													

Applicant – print name here: _____

Section 3. APPLICANTS PREFERRED MAILING ADDRESS			
<i>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).</i>			
Street or PO Box:			
City:	State:	Zip Code:	
Section 4. ACTUAL BUSINESS LOCATION ADDRESS			
<i>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.</i>			
Street Address:			
City:	County:	State:	Zip Code:
Phone number with area code:			
Section 5. OTHER LICENSURE INFORMATION			
<p>(a) Does the applicant now hold, or has applicant ever in the past held, a license or registration in Florida <u>or any other state</u> or jurisdiction, as a funeral director, embalmer, direct disposer, funeral establishment, direct disposal establishment, cinerator facility, removal service, centralized embalming facility, refrigeration service, cemetery, monument establishment, or preneed sales business? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If your answer to the question in this Section is YES, you must fill out and submit with this application, the “<u>Other Licenses Form</u>.” 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 “<u>Other Licenses Form</u>” may be obtained from the website of the Division of Funeral, Cemetery and 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.</i></p>			
Section 6. ADVERSE LICENSING HISTORY QUESTIONS			
<i>As used in this Section, “you” refers to applicant; “deathcare industry license” refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.</i>			
<p>(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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p>(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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “<u>Adverse Licensing Action History Form</u>”. You must disclose on that form details of each adverse licensing action and pending investigation that requires a “YES” answer to any of the questions in this Section of this application. That form may be obtained on 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.</i></p>			
Section 7. CRIMINAL HISTORY QUESTIONS			
<i>For purposes of this section, the phrase “person subject to disclosure requirements” should be understood to refer to and include the following persons:</i>			
<ol style="list-style-type: none"> 1. <i>If the applicant is a natural person, only the natural person making application.</i> 2. <i>If the applicant is a corporation, all officers and directors of that corporation.</i> 			

Applicant – print name here: _____

<p>3. If the applicant is a limited liability company, all managers and members of the limited liability company.</p> <p>4. If the applicant is a partnership, all partners.</p> <p>5. The licensed direct disposer or funeral director in charge. (see s. 497.142(10)(e), Florida Statutes)</p>
<p>7A. Has any person subject to disclosure requirements ever pled 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 any other state or a foreign country, regarding any crime indicated below:</p> <p>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, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p>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 <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>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 on the website of the Division of Funeral, Cemetery and Consumer Services, or it may requested by letter directed to the Division office at the address shown at the top of this form.</i></p>
<p>7B. Name here every person subject to disclosure requirements, as to whom question 7A above is answered YES (if none, write "none").</p>

Section 8. PRIOR NAME INFORMATION

<p>Have you, the applicant, ever used, or been known by, any name other than the name under which you make this application?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If the answer to any of the questions in this Section is YES, enter in the space below in full every such prior name,, and the period it was used (attach additional sheets if necessary):</p>
--

Section 9. MISCELLANEOUS MATTERS

<p>a. It is required that the proposed direct disposal establishment be inspected prior to issuance of a license. On what date do you anticipate that the proposed funeral establishment will be ready to be inspected? / /</p>
<p>b. 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? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;"><i>(A "Change of Address or Contact Data" form may be found on the Division website)</i></p>
<p>c. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><i>Instructions concerning how and where to submit fingerprints may be reviewed and printed from the website of the Division of Funeral, Cemetery and Consumer Services, as follows: go to the website of the Department of Financial Services (www.MyFloridaCFO.com/FuneralCemetery).</i></p>
<p>d. Do you understand that in the event the licensed establishment changes its licensed business name, the Board office shall be notified within 30 days, and such notification shall include legal documentation of the name change, as well as a \$25 duplicate license fee and the original license? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Applicant – print name here: _____

<p>e. DIRECT DISPOSER IN CHARGE. Pursuant to s. 497.604(8), FS, every direct disposal establishment must have a direct disposer in charge (DDIC), and the DDIC must hold a valid Florida funeral director license.</p> <p>e1. Print name of the person who will be DDIC:</p> <p>e2. Does the person named above hold a valid Florida funeral director license? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>e3. License number of proposed DDIC:</p> <p>e4. Do you understand that the DDIC may not be in charge at any other direct disposal establishment or funeral establishment? YES <input type="checkbox"/> NO <input type="checkbox"/></p>												
<p>f. Pursuant to Rule 69K-23.004, will the direct disposal establishment be located at a fixed location, in a nonresidential building owned or leased by the applicant herein, with at least 625 contiguous interior square feet for the operation of the direct disposal establishment. YES <input type="checkbox"/> NO <input type="checkbox"/></p>												
<p>g. Is there currently a funeral establishment or direct disposal establishment at the business location address shown above?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>												
<p>h. Will the direct disposal establishment itself provide, at or from its actual business location address indicated in this application, the following (check Yes or No for each item).</p> <table><thead><tr><th>YES</th><th>NO</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Removal service</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Refrigeration facilities for bodies</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Cinerator facilities (if yes, a separate Cinerator Facility license is required)</td></tr></tbody></table> <p>For any NO response, attach to this application copies of contracts between the direct disposal establishment and a licensed provider of the services located within 75 miles of the establishment.</p>	YES	NO		<input type="checkbox"/>	<input type="checkbox"/>	Removal service	<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration facilities for bodies	<input type="checkbox"/>	<input type="checkbox"/>	Cinerator facilities (if yes, a separate Cinerator Facility license is required)
YES	NO											
<input type="checkbox"/>	<input type="checkbox"/>	Removal service										
<input type="checkbox"/>	<input type="checkbox"/>	Refrigeration facilities for bodies										
<input type="checkbox"/>	<input type="checkbox"/>	Cinerator facilities (if yes, a separate Cinerator Facility license is required)										
<p>i. Will the direct disposal establishment display at its entrance the name of the establishment, and the name of the licensed supervisor or direct disposer in charge? YES <input type="checkbox"/> NO <input type="checkbox"/></p>												
<p>j. Will the direct disposal establishment transact business in any name other than the name by which it is licensed?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>												
<p>16) Complete this subsection only if this is an application for approval of a change in ownership.</p> <p>a) Is this Establishment currently the qualifying entity [see 497.453(1)(h)] for any preneed licensee?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, state the name and license number of the preneed licensee: Name: _____ License Number: _____</p> <p>b) To the best of the knowledge and belief of the current owner and proposed new owner of this establishment, are there currently any unfulfilled preneed contracts that were sold at this establishment, or that for other reason are obligations of this establishment? (check one)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Applicant attaches hereto a signed and dated statement addressing this question</p> <p>c) If there are currently any unfulfilled preneed contracts that were sold at this establishment or that for other reason are obligations of this establishment, will the obligation to fulfill all those preneed contracts be assumed by the proposed new owner identified herein? (check one)</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> Applicant attaches hereto a signed and dated statement addressing this question</p> <p><input type="checkbox"/> Not applicable (no such outstanding preneed contracts)</p>												

Applicant – print name here: _____

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 establishment, 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

Section 11. FEIN OR SOCIAL SECURITY NUMBER

Enter Applicant’s FEIN or Social Security Number:

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.