Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-0010
www.dpor.virginia.gov

Department of Professional and Occupational Regulation

Cemetery Board
CEMETERY COMPANY LICENSE APPLICATION
Fee $580.00 per cemetery

A check or money order payable to the TREASURER OF VIRGINIA,
***or* a completed credit card insert must be mailed with your application package.**
APPLICATION FEES ARE NOT REFUNDABLE.

1. Cemetery Company Name _____

2. Assumed or Fictitious Name ✦ _____

✦ If an ***assumed/fictitious name*** is to be used, a copy of the certificate filed with the Virginia State Corporation Commission (SCC) pursuant to §59.1-69 of the *Code of Virginia* must be attached to this application.

3. A. Type of business entity (select only **one**)

☐ Sole Proprietorship ☐ General Partnership ☐ Solely Owned LLC ☐ Corporation
☐ Limited Partnership ☐ Limited Liability Company ☐ Other, please specify: _____

Other: Association, Business Trust, Government Agency, Joint Venture, Limited Liability Partnership, Non Profit, Professional Corporation, or Professional Limited Liability Company.

B. State Corporation Commission (SCC) Number: _____ (If applicable)

➢ All businesses in Virginia must be registered with the SCC (including all out-of-state businesses). Firms/Businesses shall be organized as a business entity under the laws of the Commonwealth of Virginia or otherwise authorized to transact business in Virginia. No ***person, partnership, limited liability company or corporation*** shall conduct or transact business in this Commonwealth under any assumed or fictitious name unless register with the Virginia SCC.
For additional information, contact the SCC at www.scc.virginia.gov or by phone at (804) 371-9733.

➢ **Partnerships** should attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission (SCC).

4. Provide **one** of the following identification numbers ✳:

☐ Business Federal Employer Identification Number (EIN) ☐☐ - ☐☐☐☐☐☐☐
☐ *Sole Proprietor's/Individual's* Social Security Number ***and/or*** ☐☐☐ - ☐☐ - ☐☐☐☐
☐ ***Virginia*** Department of Motor Vehicles Control Number ☐☐☐☐☐☐☐☐☐

➢ Enter the same identification number as used on previous applications or licenses on file with the department.

✳ State law requires every applicant, *who is not a sole proprietor or solely owned LLC,* to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or *a control number issued by the Virginia Department of Motor Vehicles.*

5. Mailing Address (PO Box accepted)
The mailing address will be printed on the license.

_____
City _____ State _____ Zip Code _____

6. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

_____
City _____ State _____ Zip Code _____

BOARD USE ONLY	SCC NO.	ACTIVE: No ☐ Yes ☐

OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		4901	

7. Contact Numbers

Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Email Address _____

Email address is considered a public record and will be disclosed upon request from a third party.

9. The Cemetery Company's fiscal year beginning date _____ and ending date _____

10. List all cemeteries in Virginia in which the company named on this application has a business interest:

Cemetery Name	Physical Address

11. Principals - Provide the following information for all company officers and directors (i.e., the officers and/or directors of your association, the managers or members of your limited liability company, or the officers of your corporation):

Full Name	Address	Title	Date of Birth	Social Security No. or VA DMV Control Number*

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

12. Company's Registered Agent

A. Name of Agent

Last _____ First _____ Middle _____ Generation _____

B. Agent's Address _____

City _____ State _____ Zip Code _____

C. Registered Agent's Identification Number✳:

☐ ***Social Security Number*** *and/or* ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***Virginia*** DMV Control Number ☐☐☐☐☐☐☐☐☐

➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

✳ State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the ***Virginia*** Department of Motor Vehicles.

13. Company's Compliance Agent

A. Name of Compliance Agent

Last _____ First _____ Middle _____ Generation _____

B. Compliance Agent's Address _____

City _____ State _____ Zip Code _____

C. Select **one** of the following and provide the information below✳:

☐ Business Federal Employer Identification Number (FEIN) ☐☐ - ☐☐☐☐☐☐☐

☐ *Sole Proprietor's/Individual's* Social Security Number and/or ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***Virginia*** Department of Motor Vehicles Control Number ☐☐☐☐☐☐☐☐☐

➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

✳ State law requires every applicant, *who is not a sole proprietor or solely owned LLC,* to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or *a control number issued by the Virginia Department of Motor Vehicles.*

D. Compliance Agent's Date of Birth _____ (Must be at least 18 years of age.)
MM/DD/YYYY

E. Does the Compliance Agent have two years experience in the cemetery business?

No ☐
Yes ☐

F. Has the Compliance Agent successfully completed a Board-approved training course?

No ☐
Yes ☐ If yes, attach original certificates of completion of training courses or other documentation certifying completion of the course.

G. Has the **Compliance Agent** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of ***any misdemeanor involving dishonest and fraudulent acts***, there being no appeal pending therefrom or the time for appeal having elapsed?

No ☐
Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

H. Has the **Compliance Agent** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of ***any felony***?

No ☐
Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

I. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I (the compliance agent) is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Signature _____ Date _____
Compliance Agent

14. Perpetual Care Trust Fund Trustee

A. Name of Perpetual Care Trust Fund Trustee _____

B. Select **one** of the following and provide the information below✳:

☐ Business Federal Employer Identification Number (FEIN) ☐☐ - ☐☐☐☐☐☐☐

☐ *Sole Proprietor's/Individual's* Social Security Number and/or ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***Virginia*** Department of Motor Vehicles Control Number ☐☐☐☐☐☐☐☐☐

➢ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

✳ State law requires every applicant, *who is not a sole proprietor or solely owned LLC,* to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or *a control number issued by the Virginia Department of Motor Vehicles.*

C. Perpetual Care Trust Fund Trustee Address

_____

_____ _____ _____
City State Zip Code

D. Name of Perpetual Care Trust Fund Contact Person _____

E. Perpetual Care Trust Fund Contact Person's Title _____

F. Perpetual Care Trustee Contact Numbers _____ _____
Primary Telephone Alternate Telephone

G. Is the Perpetual Care Trust Fund Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes ☐

No ☐ If no, your company must submit a *Trustee Approval Application* to obtain trustee approval from the Virginia Cemetery Board. The trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Perpetual Care Trust Fund for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

15. Preneed Trust Fund Trustee

A. Name of Preneed Trust Fund Trustee _____

B. Select **one** of the following and provide the information below✳:

☐ Business Federal Employer Identification Number (FEIN) ☐☐ - ☐☐☐☐☐☐☐

☐ *Sole Proprietor's/Individual's* Social Security Number and/or ☐☐☐ - ☐☐ - ☐☐☐☐

☐ ***Virginia*** Department of Motor Vehicles Control Number ☐☐☐☐☐☐☐☐☐

➢ Enter the same identification number as used on previous applications or licenses on file with the department.

✳ State law requires every applicant, *who is not a sole proprietor or solely owned LLC,* to provide a federal employer identification number. *Sole proprietor or solely owned LLC* who do not have a FEIN must provide a social security number or *a control number issued by the Virginia Department of Motor Vehicles.*

C. Preneed Trust Fund Trustee Address

_____

_____ _____ _____
City State Zip Code

D. Name of Preneed Trust Fund Contact Person _____

E. Preneed Trust Fund Contact Person's Title _____

F. Preneed Trustee Contact Numbers _____ _____
Primary Telephone Alternate Telephone

G. Is the Preneed Trust Account Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes ☐

No ☐ If no, your company must submit a *Trustee Approval Application* to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Preneed Trust Account for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

16. Has your **firm, any principals, or compliance agent** ever held a current or previous cemetery license, certification or registration in any state (including Virginia) or any other jurisdiction within the United States or its territories?

No ☐

Yes ☐

17. Has your **firm, any principals, or compliance agent** listed on this application ever been subject to **disciplinary action** taken by any (including Virginia) local, state or national regulatory body? This includes, but not limited to, any monetary penalties, fines, or disciplinary action taken by any federal, state, or local regulatory agencies.

No ☐

Yes ☐ If yes, complete the Disciplinary Action Reporting Form.

18. A. Has your **firm, or any principals** listed on this application, ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of ***any felony***?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

B. Has your **firm, or any principals** listed on this application, been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of a ***misdemeanor*** involving dishonest or fraudulent acts within ***five years*** of the date this application is submitted?

No ☐

Yes ☐ If yes, complete the Criminal Conviction Reporting Form.

19. Has your company established an irrevocable trust fund in the amount of at least $50,000 for the perpetual care of its cemeteries as required by §54.1-2316 of the *Code of Virginia*?

No ☐

Yes ☐ If yes, provide supporting documentation.

20. Has your company recovered all of its original perpetual care trust fund deposits under §54.1-2321 of the *Code of Virginia*?

No ☐ If no, enter the amount of the trust that has not yet been recovered: _____

Yes ☐

21. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Print Name _____ Title _____

Signature _____ Date _____

Officer, Director or Compliance Agent

Required Attachment:

- A completed *Perpetual Care Trust Fund Trustee Verification Form* must be attached to this application.