



STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER

P.L.A.C.E. Division
PO Box 20790
Springfield, Illinois 62708
PHONE: 312/814-2451; FAX: 312/814-3464

CREMATORY REGULATION APPLICATION PACKET
Pursuant to the Illinois Crematory Regulation Act (410 ILCS 18/1 et. seq)
CHECKLIST

This checklist reflects required documents to be submitted in order to complete the filing of an application for a crematory. If the application packet cannot be fully completed, please list in writing what documents are missing and what steps have been taken to obtain the missing information.

1. Application for License (SCO-651A).
2. \$50 non-refundable application fee.
3. Questionnaire(s) (SCO-682) required of the applicant, and every member, officer and director and of every shareholder holding more than 25% of the corporate stock if the applicant is a firm, partnership, association or corporation.
4. Release Form(s) (SCO-701) with each Questionnaire.
5. Copy of the Joint Construction and Lifetime Operating or ROSS Permit from the Illinois Environmental Protection Agency.
6. Copy of the Certification Credential(s) received from a Comptroller approved training program for all applicable employees who will be operating the cremation unit.

If there are any questions with regard to the above or if additional help is needed while working on the application process, please contact Mary A. Formeller, Public Service Administrator, at (312) 814-8460.



APPLICATION FOR LICENSE
Illinois Crematory Regulation Act
(Public Act 410 ILCS 18)

Fiscal Year Start Date ____/____/____ Fiscal Year End Date ____/____/____ **Licensing Fee \$50.00**

Illinois State Tax I.D. Number _____ Federal Employee Identification No. _____

Full Name of Registrant _____

Mailing Address _____ City _____ State _____ Zip _____ County _____

Name of Business (Crematory) _____

Business (Location) Address _____ City _____ State _____ Zip _____ County _____

Business Phone (____) _____ Business Fax (____) _____ Email Address _____

Corporate Parent _____

Corporate Parent Address _____ City _____ State _____ Zip _____ County _____

Corporate Parent Phone (____) _____ Corporate Parent Fax (____) _____

Type of Ownership: () Sole Proprietor () Partnership () Association () School () Hospital () Corporation () Public
 () Other (please describe) _____

Please provide the full name and address (business and residence), if the licensee is a sole proprietorship; or every member if the licensee is a partnership; or every member of the board of directors if the licensee is an association; and every officer, director and shareholder holding more than 25% of the corporate stock if the licensee is a corporation. (If necessary, please list the balance of entities on a separate sheet and attach to this statement.)

Name _____ Title _____ % of Ownership _____

Residential Address _____ Residential Phone (____) _____

Business Address _____ Business Phone (____) _____

Name _____ Title _____ % of Ownership _____

Residential Address _____ Residential Phone (____) _____

Business Address _____ Business Phone (____) _____

Name _____ Title _____ % of Ownership _____

Residential Address _____ Residential Phone (____) _____

Business Address _____ Business Phone (____) _____

APPLICATION FOR LICENSE - Illinois Crematory Regulation Act

1. Is the crematory in compliance with all Local, State and Federal Health and Environmental Protection requirements and has it obtained all necessary licenses and permits from the Illinois and Federal Environmental Protection Agencies or such other appropriate Local, State or Federal Agencies? _____Yes _____No
2. Is the crematory constructed on or adjacent to any cemetery, on or adjacent to any funeral establishment, or at any other location consistent with local zoning regulations? _____Yes _____No
3. List the type of structure used in the operation of the crematory _____
4. List the type of equipment used in the operation of the crematory _____

5. List the I.D. No. as assigned on the operating permit issued by the Illinois Environmental Protection Agency and provide a copy of same _____

Your application **must include** the following:

1. A separate Questionnaire for each person listed as a part owner.
2. **Application fee in the form of a check, draft or money order in the sum of \$50. The check should be made payable to "Comptroller, State of Illinois".**
3. Release Form authorizing Illinois State Police to process background checks.
4. A copy of the certification from an approved training program for anyone operating the cremation device/retort
5. A copy of the IEPA Lifetime Operating or ROSS permit.



**STATE OF ILLINOIS
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**QUESTIONNAIRE
Illinois Crematory Regulation Act
(410 ILCS 18)**

Required of Each Applicant, Member, Officer or Director and of any party owning 25% or more of the Crematory Facility (make additional copies if necessary).

Please type or print legibly

Application of _____
Name of Crematory

1. Your Name Mr. Ms. Mrs. _____
(Circle one) First Name Middle Name Last Name

2. Date of Birth _____ Place of Birth _____
Month/Day/Year City State County

3. Social Security Number _____ / _____ / _____

4. Race _____

5. Driver's License Number _____ State of Issue _____

6. Business Address _____
Street City State County Zip Code
Business Telephone (include area code) _____

7. Home Address _____
Street City State County Zip Code
Home Telephone (include area code) _____

8. Occupation or Profession _____

9. Provide employment history for the past ten (10) years

From: Day/Month/Yr.	To: Day/Month/Yr.	Name & Address of Employer	Position/Title	Reason for Leaving

10. Approximately how much time do or will you devote to the crematory applying for a license?

QUESTIONNAIRE

11. List any present and previous connection, if any, with any other crematory?

Name of Crematory	Street & Number	City	State	County	Zip Code	Telephone Number

12. If any such crematory has discontinued business, give reasons for such discontinuance.

13. Have you ever been convicted of any crime, except minor traffic offenses? ___ No ___ Yes If yes, provide

Name and Address of Court _____

Case Name and Number _____

Charge or Crime upon which conviction was entered _____

Date of Conviction _____ Sentence Imposed _____

14. Have you ever been or are you currently involved in any civil litigation in which a judgment or decree based on fraud has been rendered against you? ___ No ___ Yes If yes, explain _____

15. Have you ever failed to satisfy an enforceable judgement or decree rendered against you in any civil proceedings by a court of competent jurisdiction? ___ No ___ Yes If yes, explain _____

16. Have you ever been a defendant in any civil action, other than domestic matters? ___ No ___ Yes If yes,

provide, Name and Address of Court _____

Case Name and Number _____

Nature of Case _____

Final Disposition _____

17. Have you ever filed for bankruptcy? ___ No ___ Yes If yes, provide

Name and Address of Court _____

Date of Insolvency _____

18. Have you ever had a license involving any cemetery, funeral home or crematory revoked, suspended or denied in Illinois or any other state? ___ No ___ Yes If yes, explain _____

19. Have you ever been the subject of any type or form of disciplinary action regarding a professional or business license? ___ No ___ Yes If yes, explain _____

20. Pursuant to the Illinois Administrative Procedure Act (5 ILCS 100/10-65(c)) complete the following:

I, _____, certify under penalty of perjury that I am not more than 30 days delinquent in complying with any child support order. I understand that making a false statement may subject me to contempt of court.



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APPLICATION
QUESTIONNAIRE
&
RELEASE FORM
NOTARY BLOCK
Illinois Crematory Regulation Act
(410 ILCS 18)

(Make additional copies if necessary)

Please type or print legibly

I certify that the information I have provided pursuant to the license application process is complete, accurate and true. I understand that any false or misleading information given in my application will be grounds for denial of my application.

I also authorize any and all law enforcement agencies, including but not limited to the Illinois State Police, to process a criminal background check. I further authorize such law enforcement agencies to release any information pertaining to me to the Comptroller's Office.

Signature _____ Date _____

State of Illinois
County of _____

I, _____, do solemnly swear that the foregoing answers and statements have been knowingly made by me and the same are true. Given under my hand this _____ day of _____, _____.

Signature _____

Title _____

Subscribed and sworn to before me in
_____ County, in the State of Illinois
by the said _____ who
personally appeared before me in the aforesaid
County and State, this _____ day of
_____, _____.

Notary Seal

Notary Public

My commission expires