



APPLICATION FOR LICENSE RENEWAL
Illinois Funeral or Burial Funds Act
(225 ILCS 45/1 et seq.)

Application is hereby made by the undersigned entity for a license to sell pre-need funeral services and merchandise funded by a trust arrangement, or life insurance or annuity, as defined in the Illinois Funeral or Burial Funds Act (225 ILCS 45/1 et seq.)

1. Name of Applicant _____ License # _____ / _____ / 02 Fiscal Year End _____ / _____
Month Day

Principal Place of Business* _____

***Each license must keep accurate, accounts, books, and records in this state at the principal place of business identified in the licensee's license application or as otherwise approved by the Comptroller in writing.**

Federal Employer Identification Number _____ - _____ State of Illinois Tax Identification Number _____ - _____

Principal Place of Business _____
Street & Number City State County Zip Code

Principal Place of Business Contact Person _____ Email Address _____

Telephone Number (_____) _____ Full Name & Title
Fax Number (_____) _____

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

Type of Ownership (check one)
____ Individual ____ Partnership ____ Corporation ____ Association ____ Other (specify) _____

Date of Incorporation (if applicable) ____ / ____ / ____ State of Incorporation _____

Name of Registered Agent _____ Address _____
Street & Number City State County Zip Code

Name of Parent Company** _____

****A corporation owning more than 12 cemeteries or funeral homes in more than one state**

Parent Company Address _____
Street & Number City State County Zip Code

Parent Company Contact Person _____
Full Name & Title

Telephone Number (_____) _____ Fax Number (_____) _____

2. Name and address of all subsidiary and/or affiliated companies (provide additional sheets if necessary)

Name	Street & Number	City	State	County	Zip Code
Name	Street & Number	City	State	County	Zip Code
Name	Street & Number	City	State	County	Zip Code
Name	Street & Number	City	State	County	Zip Code
Name	Street & Number	City	State	County	Zip Code

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3. State the name and address of the branch locations at which pre-need sales will be conducted and which will operate under the same license number as the applicant's principal place of business provided on page 1 of this application (attach additional sheets as necessary) as Branch location licenses will also be re-issued.

In accordance with Section 3, the licensee shall maintain copies of each pre-need contract at the license branch location where the contract was entered or at some other location agreed to by the Comptroller in writing for six months after the performance of all terms of the contract.

Branch Location Name _____ Branch Contact Person _____
Full Name & Title

Branch Location Address _____
Street & Number City State County Zip Code

Branch Location Telephone Number (____) _____ Branch Location Fax Number(____) _____

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

Branch Location Name _____ Branch Contact Person _____
Full Name & Title

Branch Location Address _____
Street & Number City State County Zip Code

Branch Location Telephone Number (____) _____ Branch Location Fax Number(____) _____

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

Branch Location Name _____ Branch Contact Person _____
Full Name & Title

Branch Location Address _____
Street & Number City State County Zip Code

Branch Location Telephone Number (____) _____ Branch Location Fax Number(____) _____

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

Branch Location Name _____ Branch Contact Person _____
Full Name & Title

Branch Location Address _____
Street & Number City State County Zip Code

Branch Location Telephone Number (____) _____ Branch Location Fax Number(____) _____

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

Branch Location Name _____ Branch Contact Person _____
Full Name & Title

Branch Location Address _____
Street & Number City State County Zip Code

Branch Location Telephone Number (____) _____ Branch Location Fax Number(____) _____

Mailing Address _____
(If different than location) Street & Number City State County Zip Code

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4. Full name and address (both residence and business) of the applicant, if an individual; of every member, if a partnership; of every member of the Board of Directors if an association; **and** of every officer, director and shareholder holding more than 10% of the corporate stock if applicant is a corporation (use additional sheets if necessary).

Name _____ Title _____ % of Ownership _____

Home Address _____
Street & Number City State County Zip Code Telephone Number

Business Address _____
Street & Number City State County Zip Code Telephone Number

Name _____ Title _____ % of Ownership _____

Home Address _____
Street & Number City State County Zip Code Telephone Number

Business Address _____
Street & Number City State County Zip Code Telephone Number

Name _____ Title _____ % of Ownership _____

Home Address _____
Street & Number City State County Zip Code Telephone Number

Business Address _____
Street & Number City State County Zip Code Telephone Number

5. Name and business address of cemeteries, crematories and funeral homes under Applicant's authority or control (use additional sheets if necessary)

Name of Entity _____
Street & Number City State County Zip Code Telephone Number

Name of Entity _____
Street & Number City State County Zip Code Telephone Number

Name of Entity _____
Street & Number City State County Zip Code Telephone Number

6. Name and business address of all Insurance Providers (use additional sheets if necessary)

Insurance Co. _____ Contact _____
Full Name & Title

Street & Number City State County Zip Code Telephone Number

Insurance Co. _____ Contact _____
Full Name & Title

Street & Number City State County Zip Code Telephone Number

Insurance Co. _____ Contact _____
Full Name & Title

Street & Number City State County Zip Code Telephone Number

Insurance Co. _____ Contact _____
Full Name & Title

Street & Number City State County Zip Code Telephone Number

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7. Name of Depository Bank _____ Bank Contact _____
Full Name & Title

Business Address _____
Street & Number City State County Zip Code Telephone Number

Name of Depository Bank _____ Bank Contact _____
Full Name & Title

Business Address _____
Street & Number City State County Zip Code Telephone Number

8. Name of Independent Trustee/Corporate Fiduciary _____ Contact _____

Business Address _____
Street & Number City State County Zip Code Telephone Number

Name of Independent Trustee/Corporate Fiduciary _____ Contact _____

Business Address _____
Street & Number City State County Zip Code Telephone Number

Your application ***MUST*** include the following:

- 1. A separate Questionnaire for each person listed under number 4.
- 2. Renewal fee in the form of a check, draft or money order in the sum of \$100. The check should be made payable to "Comptroller, State of Illinois".
- 3. Copies of licenses for all employees issued from the Illinois Department of Financial and Professional Regulations.
- 4. Copies of license for all employees from the Illinois Department of Insurance.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED PURSUANT TO THE LICENSE RENEWAL PROCESS IS COMPLETE, ACCURATE AND TRUE.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN THIS RENEWAL APPLICATION WILL BE GROUNDS FOR DENIAL OF A LICENSE.

Print Name: _____

Signature: _____ Date: _____



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

LICENSE RENEWAL QUESTIONNAIRE
Illinois Funeral or Burial Funds Act
(225 ILCS 45/1 et seq.)

Required of Each Applicant, Member, Officer or Director and of any party owning 10% or more of the Cemetery or Funeral Home (make additional copies if necessary)

Please type or print legibly

Application of _____
Name of Cemetery or Funeral Home

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

2. Date of Birth ____/____/____
Month/Day/Year

3. Place of Birth _____
City State County

4. Business Address _____
Street City State County Zip Code

Business Telephone (include area code) _____

E-Mail Address _____

5. Home Address _____
Street City State County Zip Code

Home Telephone (include area code) _____

6. Occupation or Profession _____

7. If you are a licensed Funeral Director, Funeral Director/Embalmer, Funeral Director/Embalmer Intern or Funeral Director/Embalmer CE Sponsor, please indicate which category you fall under and provide the license number issued by the Illinois Department of Financial & Professional Regulation _____

8. Provide employment history for the past five (5) years.

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

9. List any present and previous connection, if any, with any other cemetery or funeral home?

Name of Cemetery/Funeral Home Street & Number City State County Zip Code Telephone Number

Name of Cemetery/Funeral Home Street & Number City State County Zip Code Telephone Number



SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Illinois Funeral or Burial Funds Act
FUNERAL HOME RENEWAL QUESTIONNAIRE

10. If any such cemetery or funeral home discontinued business, give reasons for such discontinuance.

11. 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 _____

12. 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 _____

13. 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 _____

14. 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 _____

15. Have you ever filed for bankruptcy? ___No ___Yes If yes, provide

Name and Address of Court _____

Date of Insolvency _____

16. Have you ever had a license involving any cemetery or funeral home revoked, suspended or denied in Illinois or any other state? ___No ___Yes If yes, explain _____

_____ State: _____

17. 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 _____