



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

Funeral or Burial Trust Funds Application Packet
Pursuant to the Illinois Funeral or Burial Funds Act (225 ILCS 45/1 et seq.)
CHECKLIST

This checklist outlines the required documents to be submitted to this Office in order to obtain a License under the Funeral or Burial Trust Funds Act (225 ILCS 45/1 et seq.). The completed application must be returned to the above address within 30 days. 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 information.

Also enclosed you will find a copy of the Act containing the applicable laws governing the industry.

1. Application for License (SCO-233).
2. \$25 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 10% of the corporate stock if the applicant is a firm, partnership, association, or corporation.
4. Release Form(s) (SCO-714) with each Questionnaire.
5. Statement of Assets and Liabilities (SCO-713).
6. Illinois Funeral or Burial Funds Act Bond (C-03) **or** Letter of Credit which shall run to the Comptroller.
7. Copy of Trust Agreement, if applicable.
8. Copy of Articles of Incorporation (or) articles of organization (or) a copy of a recent domestic corporation annual report (or) a copy of the application to adopt an assumed corporate name, issued by the office of the Secretary of State, where applicable.
9. Copy of certificate of registration from the Illinois Department of Revenue, if applicable.
10. Copies of licenses for all applicable employees from the Illinois Department of Professional Regulations.
11. Copies of licenses for all applicable employees from the Illinois Department of Insurance, if applicable.

An application will not be considered complete until all applicable documents have been submitted.

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 Formeller at (312) 814-8460.



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APPLICATION FOR LICENSE
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 _____ 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 _____
 Full Name & Title

Telephone Number (____) _____ 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

APPLICATION FOR LICENSE

3. 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).

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.

If you are applying for license of a single location only, disregard this page in it's' entirety and indicate same by marking "N/A".

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

APPLICATION FOR LICENSE

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 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

APPLICATION FOR LICENSE

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. A sworn Statement of Assets and Liabilities of the applicant.
3. A fidelity bond or irrevocable, unconditional letter of credit in the amount \$1,000 as required under the Illinois Funeral or Burial Funds Act (225 ILCS 45/3(b)).
4. A copy of the proposed Trust Agreement under which the trust funds are to be held as required under the Illinois Funeral or Burial Funds Act (225 ILCS 45/3(a)).
5. **Application fee in the form of a check, draft or money order in the sum of \$25. The check should be made payable to "Comptroller, State of Illinois".**
6. Release Form authorizing Illinois State Police to process background checks (Form SCO-714) made part of this packet.



STATE OF ILLINOIS
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ILLINOIS FUNERAL OR BURIAL FUNDS ACT BOND
(225 ILCS 45/1 et seq.)

Please type or print legibly

Bond Number

Name of Applicant of the City of

County of, State of Illinois, as principal, and Name of Bonding/Insurance Company authorized

to do business in the State of Illinois, are held and firmly bound unto the Comptroller of the State of Illinois for the benefit of the State of Illinois and of any person or persons who may have a cause of action against the principal in this bond under and by the virtue of the provisions of the Illinois Funeral or Burial Funds Act (225 ILCS 45/1 et seq.) in the penal sum of \$ for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

As a condition of the above obligation it is understood that the above principal has applied for a license to engage in the business authorized by the aforesaid Act as a Trustee under the terms and conditions herein provided.

If the principal shall, upon the issuance of the aforesaid license, perform all the duties as Trustee required under the Act during the period for which the said license is in effect, then this obligation shall be void; otherwise, it shall remain in effect.

It is further expressly provided that suit may be brought in any Court of competent jurisdiction upon this bond in the name of the Comptroller of the State of Illinois.

If the surety herein shall so elect, this bond may be conditionally cancelled at any time by the surety herein filing with the Comptroller of the State of Illinois a sixty (60) day written notice of such conditional cancellation, but said surety so filing said notice shall not be discharged from any liability already accrued under this bond or which shall accrue hereunder before the expiration of said sixty (60) day period.

In Witness Whereof, we have duly executed the foregoing obligation this day of, to be effective on the day of.

Principal
By Name Title
Street & Number City State Zip Code

Bonding/Insurance Company
By Name Title
Street & Number City State Zip Code



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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 _____ 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 cemetery or funeral home applying for a license?

QUESTIONNAIRE

11. 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

12. If any such cemetery or funeral home 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 or funeral home 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
STATEMENT OF ASSETS & LIABILITIES
QUESTIONNAIRE
&
RELEASE FORM
NOTARY BLOCK
Illinois Funeral or Burial Funds Act
(225 ILCS 45/1 et seq.)

(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



**STATE OF ILLINOIS
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**PERSONAL STATEMENT OF ASSETS AND LIABILITIES
Illinois Funeral or Burial Funds Act
(225 ILCS 45/1 et seq.)**

Please type or print legibly

Full Name of Applicant (either individual or corporation) _____

_____ at the close of business _____ / _____ / _____
Month Day Year

APPLICANT'S ASSETS

- 1. Cash on Hand and in Banks \$ _____
- 2. Accounts Receivable _____
- 3. Notes Receivable _____
- 4. Stocks and Bonds _____
- 5. Mortgages _____
- 6. Investments _____
- 7. Capital Assets:
 - (a) Land _____
 - (b) Depreciable Assets \$ _____
 - Less: Reserve for Depreciation _____
- 8. Prepaid Expenses _____
- 9. Other Assets _____
- 10. TOTAL OF APPLICANT'S ASSETS (Lines 1 to 9) \$ _____

APPLICANT'S LIABILITIES

- 11. Accounts Payable _____
- 12. Notes Payable _____
- 13. Mortgages Payable _____
- 14. Accrued Expenses:
 - (a) Real Estate and Other Taxes _____
 - (b) Interest _____
 - (c) Withholding Tax _____
 - (d) Social Security Tax _____
 - (e) Unemployment Compensation _____
- 15. Other Liabilities _____
- 16. TOTAL OF APPLICANT'S LIABILITIES (Lines 11 to 15) \$ _____

CAPITAL AND SURPLUS

- 17. Capital Stock (or individual, or Partnership Capital) _____
- 18. Add: Capital Additions (Individual or Partnership) _____
- 19. Deduct: Capital Withdrawals (Individual or Partnership) _____
- 20. Net Capital, as of _____ / _____ / _____ \$ _____
- 21. Paid-in or Capital Surplus _____
- 22. Earned Surplus and Undivided Profits _____
- 23. TOTAL APPLICANT'S LIABILITIES AND CAPITAL AND SURPLUS (Lines 17 to 22) \$ _____
- 24. TOTAL APPLICANT'S LIABILITIES, CAPITAL AND SURPLUS (Lines 16 and 23) \$ _____