



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

**Pre-Need Cemetery Sales Application Packet
Pursuant to the Illinois Pre-Need Cemetery Sales Act
(815 ILCS 390/1 et seq.)
CHECKLIST**

This checklist reflects required documents to be submitted in order to complete the filing of an application. 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-821).
2. \$125 non-refundable application fee.
3. Questionnaire(s) (SCO-682) required 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 (SCO-682).
4. Release Form(s) (SCO-710) with each Questionnaire.
5. Statement of Assets and Liabilities (SCO-826).
6. Illinois Pre-Need Cemetery Sales Act Bond (SCO-825) which shall run to the Comptroller.
7. Performance Bond for Warehouse (SCO-824), if applicable.
8. Copy of Trust Agreement, if applicable.
9. 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.
10. Copy of certificate of registration from the Illinois Department of Revenue, if applicable.

If you have 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.



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APPLICATION FOR LICENSE
Illinois Pre-Need Cemetery Sales Act
(815 ILCS 390/1 et seq.)

Application is hereby made by the undersigned entity for a license to sell pre-need memorials, markers, monuments, outer burial containers and other merchandise and services, or unconstructed, undeveloped lots, mausoleum crypts and lawn crypts funded by trust arrangement, as defined in the Illinois Pre-Need Cemetery Sales Act (815 ILCS 390/1 et seq.)

Please print or type legibly

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

Name Street & Number City State County Zip Code

Name Street & Number City State County Zip Code

Name Street & Number City State County Zip Code

APPLICATION FOR PRE-NEED CEMETERY SALES 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 20, 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 its' 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 PRE-NEED CEMEERY SALES 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

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 of Independent Trustee/Corporate Fiduciary _____ Contact _____

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

7. Name and Address of Warehouse facility to be used for storage of merchandise

Warehouse Name _____ Street & Number _____ City _____ State _____ County _____ Zip Code _____ Telephone Number _____

APPLICATION FOR PRE-NEED CEMETERY SALES LICENSE

8. Where applicable, provide name and address of the corporate Surety Company providing the performance bond for the construction of undeveloped spaces. Attach a copy of the bond.

Surety Name	Street & Number	City	State	County	Zip Code	Telephone Number
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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 in an amount equal to one-tenth of the total trust fund amount. The bond amount shall not exceed \$100,000.
4. **Application fee in the form of a check, draft or money order in the sum of \$125. The check should be made payable to "Comptroller, State of Illinois".**
5. Release Form authorizing Illinois State Police to process background checks.



STATE OF ILLINOIS
COMPTROLLER
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ILLINOIS PRE-NEED CEMETERY SALES ACT BOND
(815 ILCS 390/1 et seq.)

Please print or type 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 Trust Funds and for the value of the Cemetery Merchandise stored by applicant, for any indirect loss sustained in the said Trust Funds through the failure to administer properly, and loss or damage to the cemetery merchandise occasioned by an act or acts of theft, embezzlement, repudiation or otherwise, as required under the provisions of the Act hereinafter described, 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.

The Condition of the Foregoing Obligation is such that, whereas, the said principal has applied for a license to sell cemetery merchandise and services in accordance with the provisions of the Illinois Pre-Need Cemetery Sales Act (815 ILCS 390/1 et seq.).

If the said principal shall, upon the issuance of the aforesaid license, comply with all conditions of the above Act pertaining to the sale of cemetery merchandise and services during the period for which the said license is issued, 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



STATE OF ILLINOIS
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PERFORMANCE BOND
Illinois Pre-Need Cemetery Sales Act
(815 ILCS 390/1 et seq.)

(If Applicable)

Please print or type legibly

Bond Number

Name of Warehouse 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 Purchasers of Cemetery Merchandise, in accordance with the Illinois Pre-Need Cemetery Sales Act, for any damage or other direct loss sustained by the failure of the Warehouse to properly care for or safeguard the cemetery merchandise or by any act or acts of theft or vandalism, as required under the provisions of the Act hereinafter described 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 contracted to store cemetery merchandise, the principal unconditionally guarantees to the purchaser or beneficiary prompt shipment of the cemetery merchandise, in accordance with the provisions of the Illinois Pre-Need Cemetery Sales Act (815 ILCS 390/1 et seq.)

Now, therefore, if the principal shall safely store the cemetery merchandise and upon demand promptly deliver the same to the purchaser or beneficiary, this obligation shall be void; otherwise, it shall remain in full force and 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

Bonding/Insurance Company

By Name Title

By Name Title

Street & Number City State Zip Code

Street & Number City State Zip Code



STATE OF ILLINOIS
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QUESTIONNAIRE
Illinois Pre-Need Cemetery Sales Act
(815 ILCS 390/1 *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.



STATE OF ILLINOIS
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APPLICATION
STATEMENT OF ASSETS & LIABILITIES
QUESTIONNAIRE
&
RELEASE FORM
NOTARY BLOCK
Illinois Pre-Need Cemetery Sales Act
(815 ILCS 390/1 et seq.)

(Make additional copies if necessary)

Please print or type 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 Pre-Need Cemetery Sales Act
(815 ILCS 390/1 et seq.)**

Please print or type legibly

Full Name of Applicant/Member/Officer/Director or Shareholder _____

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

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 ASSETS (Lines 1 to 10) \$ _____

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 LIABILITIES (Lines 11 to 16) \$ _____

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. Retained Earnings _____
- 23. TOTAL CAPITAL AND SURPLUS (Lines 17 to 23) _____
- 24. TOTAL LIABILITIES, CAPITAL AND SURPLUS (Lines 16 and 23) \$ _____