



APPLICATION FOR LICENSE RENEWAL
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

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- 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.

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

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

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 _____

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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 Renewal 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 – Cemetery Oversight Act.

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 A DENIAL OF A LICENSE.

Print Name: _____

Signature: _____ **Date:** _____



STATE OF ILLINOIS
 COMPTROLLER
 LESLIE GEISSLER MUNGER

LICENSE RENEWAL QUESTIONNAIRE
Illinois Pre Need Cemetery Sales Act

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 xxx / xx / _____
 Last Four

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



STATE OF ILLINOIS
COMPTROLLER
LESLIE GEISSLER MUNGER

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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 _____