

CEMETERY AND FUNERAL BUREAU 1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834 P 916.574.7870 F 916.928.7988 www.cfb.ca.gov

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GAVIN NEWSOM, GOVERNOR



### APPLICATION TO REPORT DESIGNATION OR CHANGE OF CEMETERY OR CREMATORY MANAGER AND/OR REQUEST APPROVAL TO SHARE

Designate a Crematory Manager \$50.00 Fee

Designate a Cemetery Manager \$50.00 Fee (submit a written statement demonstrating two years experience in the cemetery business.) Requesting Approval to Share a Cemetery Manager \$50.00 Fee

| SECTION A: APPLICANT INFORMATION  |                             |             |                    |            |                          |                         |                |                                       |                                |  |
|---|-----------------------------|-------------|--------------------|------------|--------------------------|-------------------------|----------------|---------------------------------------|--------------------------------|--|
| Business Name   |                             |             |                    |            |                          | License Type and Number |                |                                       |                                |  |
| Address   |                             |             | City               |            |                          |                         | State<br>CA    |                                       | Zip Code                       |  |
| Contact Person  |                             |             | Fax Number Te      |            |                          |                         | lephone Number |                                       |                                |  |
| SECTION B: MANAGER INFORMATION (Cemetery Managers must submit a written statement demonstrating two years experience.)  |                             |             |                    |            |                          |                         |                |                                       |                                |  |
| Name of Previous Manager  |                             |             |                    |            |                          | License Number          |                |                                       | Date of Disassociation         |  |
| Name of New Manager   |                             |             | icense Type/Number |            |                          | Expiration Date         |                |                                       | Date of Association            |  |
| Under this managers license, is this manager designated at any other Cemetery/Crematory?  |                             |             |                    | Proceed    | to sectior               | D `                     | Yes            | Complete section C                    |                                |  |
| <b>SECTION C:</b> APPROVAL TO SHARE A MANAGER<br>(The Cemetery or Crematory must be under common ownership, have a designated main office, and be within 60 miles of the main office.)  |                             |             |                    |            |                          |                         |                |                                       |                                |  |
| Designated Main Office  |                             |             |                    |            | License Number M         |                         |                | files From Establishment in ection A? |                                |  |
| Address of Main Office  |                             |             |                    | City       | City                     |                         |                | State Zip Code CA                     |                                |  |
| Designated Manager is also the<br>Designated Manager at the following<br>licensed Cemeteries/Crematories<br>under this CEM/CRM license.   |                             |             | CR# (Circle (      | Dine) COA/ | e) COA/CR#(CircleOne) CO |                         |                | OA/CR#(CircleOne) COA/CR#(CircleOne)  |                                |  |
| Type of Ownership Name(s) of Corporation, Partners, or Sole Owner   Corporation Partnership(Crematory only)   Sole Owner(Crematory only) Sole Owner(Crematory only)   |                             |             |                    |            |                          |                         |                |                                       |                                |  |
| SECTION D: OWNER, PARTNER, OR CORPORATE OFFICER CERTIFICATION<br>(Must be signed by the owner, if a Sole Owner; a Partner, if a Partnership; a Corporate Officer if a Corporation.)   |                             |             |                    |            |                          |                         |                |                                       |                                |  |
| I understand that this establishment must employ a licensed manager at all times, and any change of the designated manager will be reported to the Bureau within 10 days. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate. |                             |             |                    |            |                          |                         |                |                                       |                                |  |
| Signature   | Print N                     | Print Name  |                    |            |                          | Date                    |                |                                       |                                |  |
| FOR BUREAU USE ONLY   |                             |             |                    |            |                          |                         |                |                                       |                                |  |
| Date Cashiered  | Amount Cashiered            |             | ATS Nu             | ımber      | er Re                    |                         |                | ecceipt Number                        |                                |  |
| Date Approved   | Common Ownership<br>Checked | Within 60 N | Within 60 Miles R  |            |                          |                         |                |                                       | licate Manager<br>ense Ordered |  |



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# NOTICE ON COLLECTION OF PERSONAL INFORMATION

### **Collection and Use of Personal Information**

The Department of Consumer Affairs Cemetery and Funeral Bureau (Bureau) collects the personal information requested on this form in accordance with Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 144, 144.5, 480, the Cemetery and Funeral Act (BPC section 7600, et. seq.), and the Information Practices Act (Civ. Code section 1798, et seq.). The Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing and reporting standards set by law and regulation.

### **Mandatory Submission**

Submission of the requested information is mandatory unless otherwise noted on the application and/or form. The Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

Failure to provide any of the requested information will result in the application being deemed incomplete pursuant to California Code of Regulations, title 16, sections 1254, 2328 and 2329. Incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies.

In addition, BPC sections 30 and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorize the collection of your Federal Employer Identification Number (FEIN) or Social Security Number (SSN) at the time of licensure. The information will be used for purposes of tax or child support enforcement, and verification of licensure and examination status. If you fail to disclose your FEIN or SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

# Access to Personal Information

The Bureau is responsible for maintaining the information contained within this application. You may request a copy of or review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. You may submit your request to the Bureau's Custodian of Records listed in the contact information section below.

# Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide us. The information you provide, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250, et seq.),
- To another government agency as required by state or federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

# **Contact Information**

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at <u>emailcfb@dca.ca.gov</u>. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at <u>dca@dca.ca.gov</u>.