



CEMETERY AND FUNERAL BUREAU
 1625 N. Market Blvd., S208
 SACRAMENTO, CA 95834
 (916) 574-7870 FAX (916) 928-7988



CEMETERY BROKER BRANCH LICENSE APPLICATION
APPLICATION FEE \$100

| SECTION A: APPLICANT INFORMATION | | | |
|--|--|------------------------------|--|
| Last Name | First Mid | | dle Initial |
| Residence Address | City State | CA | Zip Code |
| Business Address | City State | CA | Zip Code |
| Mailing Address (If different from above) | City State | CA | Zip Code |
| Business Telephone Number () | Business Fax Number () | | |
| Date of Birth | Social Security Number | Email Address (Not required) | |
| SECTION B: BROKER INFORMATION | | | |
| What CEB or CBA is this license to be a branch of? | | | |
| List all current Cemetery Broker licenses (Attach additional page if needed) | | | |
| <input type="checkbox"/> CBA | <input type="checkbox"/> CBA | <input type="checkbox"/> CBA | <input type="checkbox"/> CBA |
| <input type="checkbox"/> CEB | <input type="checkbox"/> CEB | <input type="checkbox"/> CEB | <input type="checkbox"/> CEB |
| <input type="checkbox"/> CBB | <input type="checkbox"/> CBB | <input type="checkbox"/> CBB | <input type="checkbox"/> CBB |
| <input type="checkbox"/> CBA | <input type="checkbox"/> CBA | <input type="checkbox"/> CBA | <input type="checkbox"/> CBA |
| <input type="checkbox"/> CEB | <input type="checkbox"/> CEB | <input type="checkbox"/> CEB | <input type="checkbox"/> CEB |
| <input type="checkbox"/> CBB | <input type="checkbox"/> CBB | <input type="checkbox"/> CBB | <input type="checkbox"/> CBB |
| SECTION C: FILING STATUS-CHOOSE ONE (Attach additional requirements as required for each broker type) | | | |
| <input type="checkbox"/> Corportae Broker | Name of Cemetery | Name of Corporation | |
| | License Number of Cemetery | Federal Taxpayer ID Number | Submit a Corporate Resolution authorizing you to be named as Broker on behalf of the Cemetery. |
| <input type="checkbox"/> Individual Broker | Submit a a copy of a \$10,000 Surety Bond. | | |
| SECTION D: APPLICANT CERTIFICATION | | | |
| <i>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.</i> | | | |
| Signature _____ | | | Date _____ |
| FOR BUREAU USE ONLY | | | |
| Date Cashiered | Amount Cashiered | ATS Number | Receipt Number |
| Corporate Resolution | Surety Bond | Issuance Date | License Number Issued CBB |

Disclosure of your social security number (SSN) and/or federal employer identification number (FEIN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(s)(2)(C) authorizes collection of your SSN or FEIN. This information will be used exclusively for tax enforcement purposes and for purposes of compliance with section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN or FEIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.