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

**CEMETERY AND FUNERAL BUREAU**
1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834
(916) 574-7870 | www.cfb.ca.gov

# REDUCTION FACILITY LICENSE APPLICATION
# FEE $1,000

An applicant seeking a reduction facility (RF) license pursuant to Business and Professions Code section, 7714.1 shall meet the requirements of that section and Title 16 California Code of Regulations section 2326.06 and complete this application. This signed application must be submitted to the Bureau accompanied with the required fee of $1,000 by mail to the address above.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

| **APPLICANT INFORMATION** | | |
|---|---|---|
| First Name | Middle Initial | Last Name |
| Email Address | | Telephone Number |
| **REDUCTION FACILITY INFORMATION** | | |
| Name of Reduction Facility | | FEIN |
| Telephone Number | | |
| Address | | |
| City | State | Zip Code |
| Mailing Address - ☐ - Mailing Address is the same as the Reduction Facility Address | | |
| Address | | |
| City | State | Zip Code |
| Is this the main office? Yes ☐ ☐ No | | |
| Main Office Address (if different) | | |
| Address | | |
| City | State | Zip Code |
| Proof of Zoning - Submit a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed reduction facility. | | |
| **OWNERSHIP INFORMATION** | | |
| Type of Ownership (Check One) ☐ Individual Licensed Owner ☐ Partnership ☐ Corporation | | |
| For an Individual Licensed Owner, complete the following | | |
| First Name | Middle Initial | Last Name |

| For a Partnership, list all general partners and submit a partnership agreement | | | |
|---|---|---|---|
| First Name | Middle Initial | Last Name | % Owned |
| | | | |
| | | | |
| | | | |
| | | | |

For a Corporation, complete the following and submit a copy of the Articles of Incorporation and Corporate Resolution

| Name of the Corporation | | |
|---|---|---|
| Address | | |
| City | State | Zip Code |
| Incorporated in State of | Date incorporated | |

List all Corporate Officers, Officers must match those filed with the California Secretary of State

| Title | First Name | Middle Initial | Last Name | Email Address | Share of Ownership |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**DESIGNATED CREMATORY MANAGER**

| First Name | Middle Initial | Last Name |
|---|---|---|
| Email Address | Telephone Number | |
| License Number | Expiration | |

This facility is sharing the Crematory Manager ☐ No ☐ Yes (If yes, list all facility license numbers)

| License Number | License Number | License Number |
|---|---|---|

**CERTIFICATION AFFIDAVIT**

A Certification Affidavit is required for each Sole Owner, Partner, and Corporate Officer.

ATTESTATION (The application must be signed by the person designated as the applicant in the 'Application Information' section

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 _____ Date _____