STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

**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

# INSTRUCTIONS FOR APPLICATION FOR CERTIFICATE OF AUTHORITY

A cemetery is an area of land that is used or intended to be used and dedicated for cemetery purposes such as: a burial park, for earth interments; a mausoleum, for crypt or vault interments; a columbarium, for cinerary interments; or a place where six or more human bodies are buried.

The application for a certificate of authority (COA) must be completed when a new cemetery is established or a cemetery changes ownership of more than 50 percent equitable interest (Health and Safety Code section 8585). The application filing fee is $400, payable to the Cemetery and Funeral Bureau. The annual renewal fee is $400. All fees are non-refundable.

After all required documents have been submitted and approved by the Bureau, a field representative will inspect your cemetery before final approval is given and a license issued. Once you have been issued a license, the license must be posted in a conspicuous place where it can be viewed by consumers.

## APPLICATION INSTRUCTIONS

**Section A: Cemetery Information**
List the name of the cemetery. If it is an existing cemetery, list the COA license number and new name of the cemetery, if the name is being changed. Include your Federal Employer Identification Number (FEIN). List the physical address of the cemetery and, if applicable, the mailing address, the phone number, fax number, and date of sale if there is a change of ownership.

**Section B: Name of Applicant**
List the name of the person submitting the application and a phone number. A Corporate Resolution or Operating Agreement must be submitted showing the corporation or limited liability company has delegated authority to the applicant to submit the application on behalf of the business.

**Section C: Name of Designated Cemetery Manager**
California Code of Regulations Section 2326.1 requires all cemeteries to have a designated cemetery manager. List the name and license number of the designated cemetery manager for this cemetery. A cemetery manager may be designated as the cemetery manager at more than one cemetery upon compliance with specific requirements. If the cemetery manager being designated for this cemetery is the designated cemetery manager at other cemeteries list the COA license number(s) for those cemeteries.

**Section D: Corporation / Limited Liability Company**
List the name of the corporation or limited liability company as shown on the Articles of Incorporation or Articles of Organization. List the address for the principal office of the business and, if a corporation, the state incorporated in and date of incorporation or, if a limited liability company, the state of organization and the Secretary of State file number.

**Section E: Corporate Officers / Limited Liability Company Members**
List the name and title for all corporate officers or limited liability company members. Additional pages may be attached as needed. A completed Bureau form 16-CA (rev. 1/16), Certification Affidavit, must be submitted for each officer or member.

**Section F: Trustees**
List the name and title for all trustees. Additional pages may be attached as needed. A completed Bureau form 16-CA (rev. 1/16), Certification Affidavit, must be submitted for each trustee.

# APPLICATION CHECK LIST

***All Applicants***

- ☐ Articles of Incorporation or Articles of Organization certified by the Secretary of State
- ☐ Statement of Information filed with the Secretary of State
- ☐ Corporate Resolution or Operating Agreement authorizing applicant to submit the application on behalf of the corporation or limited liability company
- ☐ Permit to sell and issue securities or statement that securities will not be sold or issued
- ☐ Land use or zoning permit certified by the city or county for cemetery use
- ☐ Declaration of dedication to cemetery purposes certified by the county recorder
- ☐ Deed to the property certified by the county recorder, contract of purchase or any other instrument which provides the applicant with merchantable title thereto
- ☐ Endowment care trust agreement executed by the board of directors or limited liability company members of the cemetery authority
- ☐ Statement signed by a majority and verified by one of the directors or limited liability company members of the applicant, which statement shall set forth the following requirements:
- ☐ Names and addresses of all incorporators or organizers, directors, corporate officers or limited liability company members, and trustees of the endowment care fund, the cemetery broker and the designated cemetery manager, together with a statement of their experience and fitness to engage in the cemetery business
- ☐ Statement of compensation received or to be received by the corporate officers or limited liability company members, directors and sales agents and/or cemetery managers
- ☐ Complete and detailed financial statement showing assets, liabilities and reserve
- ☐ If the applicant has engaged in business for a period of time, the statements shall include complete operating profit and loss statements for the preceding three (3) years, or such period of time as the applicant has been in business if less than three years
- ☐ Itemized statement of estimated receipts (from all sources, capitalization, sales, loans, etc.) and expenditures of the applicant for at least five (5) years or such other period as the Bureau may require by written notice to the applicant
- ☐ Statement setting forth the size, location and topography of, and water available for, the property to be used for cemetery purposes
- ☐ Statement of the applicant's proposed plan of operation, which shall include type of selling, approximate size of sales department, along with number of acres initially developed
- ☐ Statement of the amount deposited to the endowment care fund, type of investment made or to be made and the proposed rate of contribution for the future
- ☐ Independent confirmation from the depository or other such proof of deposit of the initial contribution of $35,000.00 to the endowment care fund as required by Health and Safety Code section 8738.1
- ☐ A good and substantial map of the proposed cemetery site (scale not less than 1 inch to 500 hundred feet) and surrounding area showing highways, access roads, etc., and area to be initially developed. (NOTE: Map should not be submitted with application; retain for review during inspection.)
- ☐ A $50,000.00 Fidelity bond coverage for Endowment and Special Care Fund Trustees as required by Health and Safety Code section 8734

***Corporations Only***

- ☐ If applicant is a new corporation, statement designating the amount of stock subscribed, the consideration paid for all stock issued and the amount of promotional stock involved

***Limited Liability Companies Only***

- ☐ Completed Bureau form 23-LE (1/16), Bureau Licensed Employee, for each employee licensed by the Bureau
- ☐ Completed Bureau form 23-INS (1/16), Certification of Insurance Coverage, or Bureau form 23-NW (1/16), Certification of Net Worth
- ☐ Names and addresses of all limited liability company members and a completed Bureau form 16-CA (rev. 1/16), Certification Affidavit, for each member
- ☐ Operating Agreement (if a corporation is a member of the limited liability company the Articles of Incorporation must also be submitted)

***Change of Ownership Only***

- ☐ Verification of publication of change of ownership

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# APPLICATION FOR CERTIFICATE OF AUTHORITY

Application Fee $400.00

| COA NUMBER ISSUED |
|---|
| |

## SECTION A: CEMETERY INFORMATION

| | | | |
|---|---|---|---|
| NAME OF CEMETERY | | LICENSE NUMBER (if applicable) COA | |
| NEW NAME OF CEMETERY (if different than above) | | FEIN NUMBER | |
| ADDRESS OF CEMETERY | CITY | STATE CA | ZIP CODE |
| MAILING ADDRESS (if applicable) | CITY | STATE | ZIP CODE |
| PHONE NUMBER ( ) | FAX NUMBER ( ) | | |
| DATE OF SALE (if applicable) | EMAIL ADDRESS (not required) | | |

## SECTION B: NAME OF APPLICANT (Attach Corporate Resolution or Operating Agreement delegating authority to applicant)

| | | |
|---|---|---|
| LAST NAME | FIRST NAME | PHONE NUMBER (if different than above) ( ) |

## SECTION C: NAME OF DESIGNATED CEMETERY MANAGER

| | | | |
|---|---|---|---|
| LAST NAME | FIRST NAME | LICENSE NUMBER CEM | EXPIRATION DATE |

## APPROVAL TO SHARE CEMETERY MANAGER (If applicable, must be under common ownership and within 60 miles of main office)

| | | | | | |
|---|---|---|---|---|---|
| Designated cemetery manager is also managing the following licensed cemeteries: | COA | COA | COA | COA | COA |

| | | | |
|---|---|---|---|
| NAME OF CEMETERY DESIGNATED AS THE MAIN OFFICE (if applicable) | | LICENSE NUMBER (if applicable) COA | |
| ADDRESS OF CEMETERY | CITY | STATE CA | ZIP CODE |

## SECTION D: CORPORATION / LIMITED LIABILITY COMPANY

| | | | |
|---|---|---|---|
| NAME OF CORPORATION OR LIMITED LIABILITY COMPANY (as listed on the Articles of Incorporation or Articles of Organization) | | | |
| ADDRESS OF PRINCIPAL OFFICE | CITY | STATE | ZIP CODE |
| INCORPORATED IN STATE OF (for Corporation) | DATE INCORPORATED (for Corporation) | | |
| STATE OR PLACE OF ORGANIZATION (for Limited Liability Company) | SECRETARY OF STATE FILE NUMBER (for Limited Liability Company) | | |

## FOR BUREAU USE ONLY

| DATE CASHIERED | AMOUNT CASHIERED | ATS ID NUMBER | RECEIPT NUMBER | DATE COMPLETED |
|---|---|---|---|---|
| | | | | |

## SECTION E: CORPORATE OFFICERS / LIMITED LIABILITY COMPANY MEMBERS

(List all corporate officers and limited liability company members. Attach additional pages if needed.)

| TITLE | LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
| | | | |

**ALL CORPORATE OFFICERS AND LIMITED LIABILITY COMPANY MEMBERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT**

## SECTION F: TRUSTEES

(List all trustees, only one trustee can be an officer or employee of the corporation. Attached additional pages if needed.)

| TITLE | LAST NAME | FIRST NAME | MIDDLE INITIAL |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
| | | | |

**ALL TRUSTEES ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT**

## SECTION G: CERTIFICATION OF APPLICANT

I certify under penalty of perjury, under the laws of the State of California, that all information provided on this form is true and correct.

SIGNATURE _____ DATE _____

PRINT NAME _____ TITLE _____

**Note**: The information solicited on this form is required pursuant to Business and Professions Code sections 7651.5 and 7652.8. All items on this form are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code section 1798.17 (Information Practice Act), the Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid per Business and Professions Code section 31(e).

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# NOTICE ON COLLECTION OF PERSONAL INFORMATION

## Collection and Use of Personal Information

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

## Voluntary Submission

Submission of the requested information is voluntary; however, the Bureau cannot consider your application unless you provide all of the requested information.

## Access to Personal Information

You may review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

## Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- 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 emailcfb@dca.ca.gov. 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 dca@dca.ca.gov.