



INFORMATION AND CHECK LIST FOR COMPLETING AN ORIGINAL FUNERAL ESTABLISHMENT APPLICATION

The attached application must be completed when a funeral establishments changes ownership, incorporates, adds a partner, or when the owner dies leaving the funeral establishment as all or part of an estate.

APPLICATION INSTRUCTIONS FOR ORIGINAL FUNERAL ESTABLISHMENT

Section A: Funeral Establishment Information

Section B: Name of Applicant (Person submitting the application, on behalf of themselves, a partnership or a corporation)

Section C: Designate a Funeral Director (if sharing the designated funeral director list all additional establishments the Funeral Director has been approved to manage)

Section D: Location of Preparation and/or Storage (state if onsite, if not, address of preparation and/or storage and if sharing who are you sharing with (if not under common ownership, submit a contractual agreement with this application))

Section E: Ownership (state if you are filling as an Individual, a partnership or a corporation, fill out the corresponding information (a certification affidavit must be submitted for individual owners, partners or corporate officers)

Section F: Funeral Trust Fund Preneed Reporting (check one)

Section G: Trustees (to be completed only if you plan to have individual trustees, a certification affidavit must be submitted for each trustee)

Section H: Certification of Applicant

CHECK LIST

- A completed application with the required fees.
- A copy of the Articles of Incorporation if a corporation (include a corporate resolution specifically authorizing the applicant to pursue the application on behalf of the corporation).
- A copy of a Partnership agreement if a partnership.
- Include a certification affidavit for each owner, partner, corporate officer and trustee.
- Letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed funeral establishment.
- If you are sharing preparation and/or storage and it is not under common ownership, submit a contractual agreement with the establishment you are sharing with.
- Name and address of funeral establishment designated as main office if sharing funeral director, and/or preparation and/or storage.**



APPLICATION FOR ORIGINAL FUNERAL ESTABLISHMENT

APPLICATION FEE \$750

FD Number Issued

SECTION A: FUNERAL ESTABLISHMENT INFORMATION

Name of Funeral Establishment		FEIN Number	
Address of Funeral Establishment		City	State CA
Mailing Address of Funeral Establishment (If applicable)		City	State CA
Phone Number	Fax Number	Email Address (Not required)	

SECTION B: NAME OF APPLICANT (If corporation, submit a resolution delegating authority to applicant to submit the application)

Last Name	First	Telephone Number (If different than above)
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SECTION C: NAME OF DESIGNATED FUNERAL DIRECTOR

Last Name	First	License Number FDR	Expiration Date
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Sharing Funeral Director (If applicable, must be under common ownership, and within 60 miles of main office)

Designated Funeral Director is also managing the following licensed Funeral establishments.	FD #	FD#	FD#	FD #	FD#
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SECTION D: LOCATION OF PREPARATION AND STORAGE **APPROVAL TO SHARE**

Storage on Site: Yes <input type="checkbox"/> No <input type="checkbox"/> Preparation on Site: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sharing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Must be within 60 miles of the main office.
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If yes to both, proceed to Section E

Name and Address of Preparation and/or Storage (If different from establishment address)	Sharing with the Following Establishment(s)
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<input type="checkbox"/> Storage <input type="checkbox"/> Preparation or <input type="checkbox"/> Both	FD #	Miles From Main office	Under Common Ownership: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name Street City Zip	_____	_____	If no, please submit a contractual agreement
<input type="checkbox"/> Storage <input type="checkbox"/> Preparation or <input type="checkbox"/> Both	FD #	Miles From Main office	Under Common Ownership: Yes <input type="checkbox"/> No <input type="checkbox"/>
Name Street City Zip	_____	_____	If no, please submit a contractual agreement

Name and address of Funeral Establishment Designated as Main Office (If applicable) – See sections C & D	License Number FD
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SECTION E: OWNERSHIP (INDIVIDUAL, PARTNERSHIP OR CORPORATION)

If owner is an INDIVIDUAL, complete the following:

Last Name	First	Middle Initial
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ATTACH A COMPLETED CERTIFICATION AFFIDAVIT WITH THIS APPLICATION.

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Date Cashiered		Amount Cashiered		ATS ID Number		Receipt Number	
Affidavit's Received	Common Ownership Checked	Within 60 Miles	Inspection Notice Sent	Application Approved	Relate License	Statues/Notes Screen	Duplicate Manager License Ordered (If required)

SECTION E: CONTINUEDIf owner is a **PARTNERSHIP**, complete the following— List all general partners (Submit a partnership agreement, attach additional pages as needed)

Last Name	First	Middle Initial	% Owned

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH PARTNER.If owner is a **CORPORATION**, complete the following (Attach a copy of the articles of incorporation)

Name of Corporation (Exact name as shown on Articles of Incorporation)			
Address (If different than establishment address)	City	State	Zip
Incorporated in State of	Date Incorporated		

CORPORATE OFFICERS – List the top 4 Senior Officers of the Corporation

Title	Last Name	First Name	Middle Initial
President			
Vice President			
Treasurer			
Secretary			

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH OFFICER.**SECTION F: FUNERAL TRUST FUNDS PRENEED REPORTING**

This funeral establishment is planning to have (Check one)

1. No Preneed trust accounts
2. Preneed trust accounts but they are non-reportable
3. Reportable Preneed trust accounts (List trustees below)

SECTION G: TRUSTEES (If applicable, only one trustee can be an employee or officer of the funeral establishment)

Last Name	First Name	Middle Initial

ATTACH A COMPLETED CERTIFICATION AFFIDAVIT FOR EACH TRUSTEE.**SECTION H: CERTIFICATION OF APPLICANT**

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	Title	Date
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Note: The information solicited on this form is required pursuant to Business and Professions Code Section 7617.1. All items in this application 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 Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. 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, Suite S208, Sacramento, CA 95834, (916) 574-7870.

CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834

P (916) 574-7870 | F (916) 928-7988 | www.cfb.ca.gov



CERTIFICATION AFFIDAVIT

I AM COMPLETING THIS AFFIDAVIT AS A:

SOLE OWNER PARTNER CORPORATE OFFICER LIMITED LIABILITY COMPANY MEMBER TRUSTEE

NAME OF FUNERAL ESTABLISHMENT, CEMETERY, CREMATORY, CORPORATION, OR LIMITED LIABILITY COMPANY

PHONE NUMBER FAX NUMBER LICENSE NUMBER OF FD, COA, OR CR (If applicable)

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS CITY STATE ZIP CODE

DATE OF BIRTH SOCIAL SECURITY NUMBER TITLE (If applicable)

Have you previously submitted Live Scan Service to the Cemetery and Funeral Bureau?
 If yes, explain for what purpose: _____
 If no, submit a copy of your Request for Live Scan Service form verifying that fingerprints have been scanned and all applicable fees have been paid along with this application.

YES NO

Business and Professions Code section 135.4 provides that the Cemetery and Funeral Bureau must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

YES NO

Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in the United States, its territories, or a foreign country?

If yes, please attach an explanation that includes license type, action, company name (if applicable), year of action, and state, territory, or country.

YES NO

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

Note: Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The 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, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: Southern California (800) 852-7050, Northern California (800) 852-5711, or Sacramento (916) 369-0500.

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).

FOR BUREAU USE ONLY

FINGERPRINTS ON FILE	LIVE SCAN RESULTS RECEIVED	APPROVED BY	ENFORCEMENT APPROVAL	DATE
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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 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.