



INSTRUCTIONS FOR APPLICATION FOR CERTIFICATE OF AUTHORITY **INSTRUCTIONS**

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 Certification Affidavit form, 16-CA (rev. 1/15), 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 Certification Affidavit~~ form, 16-CA (rev. 1/156), 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 Licensed Employee form,~~ 23-LE (1/156), Bureau Licensed Employee, for each employee licensed by the Bureau
- Completed ~~Bureau Certification of Insurance Coverage form,~~ 23-INS (1/156), Certification of Insurance Coverage, or ~~Bureau Certification of Net Worth form,~~ 23-NW (1/156), Certification of Net Worth
- Names and addresses of all limited liability company members and a completed ~~Bureau Certification Affidavit form,~~ 16-CA (rev. 1/156), 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



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

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

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 ~~9702.47651.5~~ and ~~97457652.8~~. 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).



CEMETERY NOTIFICATION OF CHANGE
 Filing Fee \$25.00

<input type="checkbox"/> Change or addition of Corporate Officers (Complete sections A, B, E, and attach Certification Affidavit(s))	<input type="checkbox"/> Change or addition of Limited Liability Company Members (Complete sections A, C, E, and attach Certification Affidavit(s))	<input type="checkbox"/> Change or addition of Trustees (Complete sections A, D, E, and attach Certification Affidavit(s))
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SECTION A: CEMETERY INFORMATION

NAME OF CEMETERY		LICENSE NUMBER COA	
ADDRESS OF CEMETERY	CITY	STATE CA	ZIP CODE
MAILING ADDRESS (if applicable)	CITY	STATE	ZIP CODE
PHONE NUMBER ()	FAX NUMBER ()		
EMAIL ADDRESS (not required)	CONTACT PERSON FOR THIS APPLICATION		

SECTION B: CHANGE IN CORPORATE OFFICER(S) (Attach additional pages if needed)

CORPORATE OFFICER(S) TO BE DISASSOCIATED FROM THIS CEMETERY

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

CORPORATE OFFICER(S) TO BE ASSOCIATED WITH THIS CEMETERY

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

ALL CORPORATE OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

SECTION C: CHANGE IN LIMITED LIABILITY COMPANY MEMBER(S) (Attach additional pages if needed)

LIMITED LIABILITY COMPANY MEMBER(S) TO BE DISASSOCIATED FROM THIS CEMETERY

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

FOR BUREAU USE ONLY

DATE CASHIERED	AMOUNT CASHIERED	ATS ID NUMBER	RECEIPT NUMBER	DATE COMPLETED
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SECTION C: CHANGE IN LIMITED LIABILITY COMPANY MEMBER(S) (CONTINUED)

LIMITED LIABILITY COMPANY MEMBER(S) TO BE ASSOCIATED FROM THIS CEMETERY

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

ALL LIMITED LIABILITY COMPANY MEMBERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

SECTION D: TRUSTEES (Only one trustee can be an officer or employee of the funeral establishment, attach additional pages if needed)

TRUSTEE(S) TO BE DISASSOCIATED FROM THIS CEMETERY

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

TRUSTEE(S) TO BE ASSOCIATED WITH THIS CEMETERY

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

ALL TRUSTEES ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

SECTION E: 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: 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.

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CERTIFICATION AFFIDAVIT

I AM COMPLETING THIS AFFIDAVIT AS A:				
<input type="checkbox"/> SOLE OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> CORPORATE OFFICER <input type="checkbox"/> LIMITED LIABILITY COMPANY MEMBER <input type="checkbox"/> 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.				<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. If yes, please attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. <u>Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.</u> <small>NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under Health and Safety Code section 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. <u>All other convictions and convictions that were later expunged or dismissed</u> from the records of the court or set aside pursuant to section 1203.4 of the Penal Code or equivalent non-California law MUST be disclosed. Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.</small>				<input type="checkbox"/> YES <input type="checkbox"/> 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, <u>its territories</u> , or a foreign country? If yes, please attach an explanation that includes license type, action, company name (if applicable), year of action, and state, <u>territory, or country</u> .				<input type="checkbox"/> YES <input type="checkbox"/> 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 _____	
<small>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).</small>				
FOR BUREAU USE ONLY				
FINGERPRINTS ON FILE	LIVE SCAN RESULTS RECEIVED	APPROVED BY	ENFORCEMENT APPROVAL	DATE



**LIMITED LIABILITY COMPANY
 BUREAU LICENSED EMPLOYEE**

<input type="checkbox"/> Initial Application for COA	<input type="checkbox"/> Licensed COA - New Employee	<input type="checkbox"/> Resignation or Termination of Employee
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EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE
		ZIP CODE
PHONE NUMBER ()	EMAIL ADDRESS (not required)	LICENSE NUMBER
EFFECTIVE DATE OF HIRE	EFFECTIVE DATE OF RESIGNATION / TERMINATION	

CEMETERY INFORMATION

NAME OF CEMETERY	LICENSE NUMBER COA
ADDRESS OF CEMETERY	CITY
	STATE CA
	ZIP CODE

Pursuant to Business and Professions Code section ~~9653.6~~ 9653.57613.5, no person licensed by the Cemetery and Funeral Bureau shall have an ownership interest as a member in a limited liability company certificated as a cemetery authority.

Is the Bureau licensed employee listed above a member of the limited liability company that owns and operates the above named cemetery authority? YES NO

If yes, the Bureau is required by law to suspend the limited liability company's certificate of authority until the licensee is divested of their ownership interest in the limited liability company or has voluntarily surrendered their license.

CERTIFICATION OF LICENSED EMPLOYEE

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

SIGNATURE _____	DATE _____
PRINT NAME _____	TITLE _____

CERTIFICATION OF LIMITED LIABILITY COMPANY

I certify under penalty of perjury, under the laws of the State of California, as an authorized representative of the limited liability company, that the company has provided, and will maintain, adequate security for claims against it pursuant to Business and Professions Code section ~~9653.6~~ 9653.57613.4.

SIGNATURE _____	DATE _____
PRINT NAME _____	TITLE _____

Note: All items on this form are mandatory; none are voluntary, unless indicated. 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.

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LIMITED LIABILITY COMPANY CERTIFICATION OF INSURANCE COVERAGE

The Cemetery and Funeral Bureau (Bureau) requires that all limited liability companies (LLCs) engaged in the operation of a Certificate of Authority (cemetery) complete the following form to comply with Business and Professions Code section ~~9653.57613.4~~ 9653.57613.4. Please attach a copy of your Certificate of Insurance or proof of adequate security for claims. This form should be submitted annually to the Bureau within four months of the most recently completed fiscal year.

SECTION A: LIMITED LIABILITY COMPANY INFORMATION

NAME OF LIMITED LIABILITY COMPANY				
ADDRESS OF PRINCIPAL OFFICE		CITY	STATE	ZIP CODE
PHONE NUMBER ()	FAX NUMBER ()	CONTACT PERSON		

SECTION B: CEMETERY INFORMATION

NAME OF CEMETERY		LICENSE NUMBER COA		
ADDRESS OF CEMETERY		CITY	STATE CA	ZIP CODE

HOW MANY BUREAU LICENSED EMPLOYEES ARE CURRENTLY EMPLOYED BY THIS CEMETERY? _____

SECTION C: CERTIFICATION OF LIMITED LIABILITY COMPANY

The LLC certifies that it has provided, and will maintain, security for claims against it based upon acts, errors, or omissions of its licensed employees through either one or a combination of the following:

- (1) Liability insurance of not less than \$1,000,000 for up to five licensed employees plus an additional \$100,000 for every licensed employee over five, not to exceed \$5,000,000;
- (2) Trust or bank escrow, cash, bank CDs, U.S. Treasury obligations, bank letters of credit, or bonds of insurance or surety companies or security for payment of liabilities of not less than \$1,000,000 for up to five licensed employees plus an additional \$100,000 for every licensed employee over five, not to exceed \$5,000,000; or
- (3) Have a net worth equal to or exceeding \$10,000,000. The net worth information must be provided on ~~the Bureau Certification of Net Worth form, 23-NW (1/156)~~, Certification of Net Worth, and should reflect the most recently completed fiscal year of the LLC.

If the LLC elects not to utilize the net worth option, each of the members automatically guarantees payment of the difference between the maximum amount of security required, up to \$5,000,000, and the security otherwise provided in accordance with (1) and (2) above provided that the aggregate amount paid by all members shall not exceed the difference. The LLC may aggregate the security required as outlined above, provided that there is no duplication or overlap between any security counted in (1) or (2) and any amounts used to establish the net worth of the LLC in (3).

I certify under penalty of perjury, under the laws of the State of California, as an authorized representative of the limited liability company, that the company has provided, and will maintain, adequate security for claims against it pursuant to Business and Professions Code section ~~9653.57613.4~~ 9653.57613.4.

SIGNATURE	DATE
PRINT NAME	TITLE

Note: All items on this form are mandatory; none are voluntary, unless indicated. 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.

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LIMITED LIABILITY COMPANY CERTIFICATION OF NET WORTH

The Cemetery and Funeral Bureau (Bureau) requires that all limited liability companies (LLCs) engaged in the operation of a Certificate of Authority (cemetery) complete the following form to comply with Business and Professions Code section ~~9653.57613.4~~ 9653.57613.4. The information included on the form should reflect the most recently completed fiscal year of the LLC, and be submitted annually to the Bureau within four months of the completion of said fiscal year.

SECTION A: LIMITED LIABILITY COMPANY INFORMATION			
NAME OF LIMITED LIABILITY COMPANY			
ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
PHONE NUMBER ()	FAX NUMBER ()	CONTACT PERSON	
SECTION B: CEMETERY INFORMATION			
NAME OF CEMETERY		LICENSE NUMBER COA	
ADDRESS OF CEMETERY	CITY	STATE CA	ZIP CODE
SECTION C: CERTIFICATION OF LIMITED LIABILITY COMPANY			
I certify under penalty of perjury, under the laws of the State of California, as an authorized representative of the limited liability company, that as of the most recently completed fiscal year the LLC has a net worth equal to or exceeding ten million dollars.			
_____ SIGNATURE		_____ DATE	
_____ PRINT NAME		_____ TITLE	

Note: All items on this form are mandatory; none are voluntary, unless indicated. 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).