



CEMETERY BROKER BRANCH LICENSE APPLICATION
APPLICATION FEE \$190

SECTION A: APPLICANT INFORMATION

Last Name		First		Middle 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"/> Corporate 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 copy of a \$10,000 Surety Bond.		

SECTION D: APPLICANT CERTIFICATION

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 _____

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.

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



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.