

6. Mailing Address (PO Box accepted)

The mailing address will be printed on the license.

City _____ State _____ Zip Code _____

7. Street Address (PO Box not accepted)
PHYSICAL ADDRESS REQUIRED

Check here if Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____

8. Contact Numbers

_____ Primary Telephone _____ Alternate Telephone _____ Fax _____

9. Email Address

_____ Email address is considered a public record and will be disclosed upon request from a third party.

10. The Cemetery Company's fiscal year beginning date _____ and ending date _____

11. List all cemeteries in Virginia in which the company named on this application has a business interest:

Cemetery Name	Physical Address

12. Principals - Provide the following information for all company officers and directors (i.e., the officers and/or directors of your association, the managers or members of your limited liability company, or the officers of your corporation):

Full Name	Address	Title	Social Security No. or VA DMV Control Number*

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

13. Company's Registered Agent

A. Name of Agent

_____ Last _____ First _____ Middle _____ Generation _____

B. Agent's Address

City _____ State _____ Zip Code _____

C. Select **one** of the following and provide the information below*:

Business Federal Employer Identification Number (FEIN)

□□ - □□□□□□□□

Sole Proprietor's/Individual's Social Security Number and/or

□□□□ - □□ - □□□□□□

Virginia Department of Motor Vehicles Control Number

□□□□□□□□□□

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

14. Company's Compliance Agent

A. Name of Compliance Agent

Last First Middle Generation

B. Compliance Agent's Address

City State Zip Code

C. Compliance Agent's Identification Number*:

Individual's Social Security Number and/or

□□□□ - □□ - □□□□□□

Virginia Department of Motor Vehicles Control Number

□□□□□□□□□□

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

D. Compliance Agent's Date of Birth _____ (Must be at least 18 years of age.)

MM/DD/YYYY

E. Has the **compliance agent** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any misdemeanor involving dishonest and fraudulent acts**, there being no appeal pending therefrom or the time for appeal having elapsed?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

F. Has the **compliance agent** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony**?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

G. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if I (the compliance agent) is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I also certify that I understand, and have complied with, all the laws of Virginia related to cemetery company licensure under the provisions of Title 54.1, Chapter 23.1 of the Code of Virginia and the Virginia Cemetery Board Regulations.

Signature _____ Date _____

Signature of Compliance Agent/Designee

15. Perpetual Care Trust Fund Trustee

A. Name of Perpetual Care Trust Fund Trustee _____

B. Select **one** of the following and provide the information below*:

Business Federal Employer Identification Number (FEIN)

□□ - □□□□□□□□

Sole Proprietor's/Individual's Social Security Number and/or

□□□□ - □□ - □□□□□□

Virginia Department of Motor Vehicles Control Number

□□□□□□□□□□

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Perpetual Care Trust Fund Trustee Address

City _____ State _____ Zip Code _____

D. Name of Contact Person

E. Contact Person's Title

F. Perpetual Care Trustee Contact Numbers

Primary Telephone

Alternate Telephone

G. Is the Perpetual Care Trust Fund Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes

No If no, has the Virginia Cemetery Board previously approved the trustee?

Yes If yes, your company or the trustee must furnish the Board with proof that a fidelity bond with corporate surety thereon, payable to the trust established, has been secured and is in effect.

No If no, your company must submit a Trustee Approval Application to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Perpetual Care Trust Fund for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

16. Preneed Trust Fund Trustee

A. Name of Preneed Trust Fund Trustee _____

B. Select **one** of the following and provide the information below*:

Business Federal Employer Identification Number (FEIN)

□□ - □□□□□□□□

Sole Proprietor's/Individual's Social Security Number and/or

□□□□ - □□ - □□□□□□

Virginia Department of Motor Vehicles Control Number

□□□□□□□□□□

➤ Enter the same identification number as used on previous applications or licenses on file with the department.

* State law requires every applicant, who is not a sole proprietor or solely owned LLC, to provide a federal employer identification number. Sole proprietor or solely owned LLC who do not have a FEIN must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

C. Preneed Care Trust Fund Trustee Address

City

State

Zip Code

D. Name of Preneed Trust Fund Contact Person _____

E. Preneed Trust Fund Contact Person's Title _____

F. Preneed Trustee Contact Numbers

Primary Telephone

Alternate Telephone

G. Is the Preneed Trust Account Trustee a Virginia trust company or trust subsidiary or a federally insured bank or savings institution doing business in the Commonwealth of Virginia?

Yes

No If no, has the Virginia Cemetery Board previously approved the trustee?

Yes If yes, your company or the trustee must furnish the Board with proof that a fidelity bond with corporate surety thereon, payable to the trust established, has been secured and is in effect.

No If no, your company must submit a *Trustee Approval Application* to obtain trustee approval from the Virginia Cemetery Board and the trustee must furnish the Virginia Cemetery Board a fidelity bond with corporate surety thereon, payable to the trust established, which shall be designated "Preneed Trust Account for [name of cemetery company]," in a sum equal to, but not less than, 100 percent of the value of the principal of the trust estate at the beginning of each calendar year.

17. Has your **firm, any principals, or compliance agent** listed on this application ever been subject to disciplinary action taken by any (including Virginia) local, state or national regulatory body?

No

Yes If yes, complete the [Disciplinary Action Reporting Form](#).

18. A. Has your **firm, or any principals** listed on this application been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **misdemeanor** within **five years** of the date this application?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

B. Has your **firm, or any principals** listed on this application ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of **any felony or crime involving dishonest and fraudulent acts**, there being no appeal pending therefrom or the time for appeal having elapsed?

No

Yes If yes, complete the [Criminal Conviction Reporting Form](#).

19. Has your company recovered all of its original perpetual care trust fund deposits under § 54.1-2321 of the *Code of Virginia*?

No If no, enter the amount of the trust that has not yet been recovered: _____

Yes

20. By signing this application, I certify the following statements:

- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
- I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
- I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
- I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
- I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 23.1 of the *Code of Virginia* and the *Virginia Cemetery Board Regulations*.

Print Name _____ Title _____

Signature _____ Date _____