

Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 700
Metairie, LA 70002
Telephone (504)838-5267 -- Fax (504)838-5289
Website: www.lcb.state.la.us

APPLICATION FOR LICENSE AS A
Cemetery Sales Organization _____
Cemetery Management Organization _____
(Check appropriate one)
(Pursuant to R.S. 8:402)

1. Name of Corporation (*Applicant*): _____
2. Mailing Address of *Applicant*: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____
3. D/B/A or Trade Name of *Applicant*: _____
4. a) In what state incorporated? _____
b) If other than Louisiana, are you authorized by the Secretary of State to do business in Louisiana?
YES: _____ NO: _____
c) Is the stock of the corporation publicly-traded? YES: _____ NO: _____
d) Name and address of Registered Agent for Service of Process: _____

5. Telephone #: _____ Fax #: _____ E-mail address: _____
6. Name, title, address, and telephone number of person completing this form to whom information or correspondence regarding this application should be directed: _____

7. Is the *Applicant* named above currently operating a Cemetery Sales or Management Organization in any state other than Louisiana? YES: _____ NO: _____ If YES, list each state: _____
8. List below each cemetery in Louisiana which the *Applicant* has a current or proposed contract for Cemetery Sales and/or Management: (*attach additional sheets, if necessary*)

Name of Cemetery: _____
Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____

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Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____

Name of Cemetery: _____
Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
9. List the following information for each owner, partner, principal stockholder (owning 10% or more), officer, director, general manager, etc.: (*attach additional sheets, if necessary*)

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____
Title or position: _____ Percentage of Ownership: _____

Name: _____

Title or position: _____ Percentage of Ownership: _____

Name: _____

Title or position: _____ Percentage of Ownership: _____

Name: _____

Title or position: _____ Percentage of Ownership: _____

- 10. Is the *Applicant* the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction?
YES: _____ NO: _____
- 11. Has the *Applicant* been convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? YES: _____ NO: _____
- 12. Has the *Applicant* had a license, registration or the equivalent, to practice any profession or occupation, or to engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against? YES: _____ NO: _____

IMPORTANT: FOR EVERY "YES" ANSWER TO QUESTIONS 10 & 11 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS -- FOR QUESTIONS 11 & 12 ALSO PROVIDE DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

CERTIFICATION

Application is hereby made for a license, as provided for in R.S. 8:402 to engage in the business of a Cemetery Sales or Management Organization. I/We hereby affirm that the information contained herein is true and correct and acknowledge that any misstatement may cause the Louisiana Cemetery Board to initiate proceedings against the license and agree that the Louisiana Cemetery Board may institute a background check of the Applicant and its officers, directors, partners, joint ventures, owners and any other person or entity included in this application. ***This application must be executed by each owner, partner, and principal stockholder, holding 10% or more, or a majority of the officers and directors of the Applicant, if the stock of the corporation is publicly-traded.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20____.

NOTARY PUBLIC

Name of Applicant

Signature/Title

Signature/Title

Signature/Title

Signature/Title

Signature/Title

Signature/Title

PLEASE RETURN THIS FORM TO:
*Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 700
Metairie, LA 70002*