

# INSTRUCTION SHEET

## LICENSED CEMETERY AUTHORITY

In order for your application to be processed, all required supporting documentation must be submitted with the application and required fee unless otherwise directed in the instructions.

To apply for a license as a Cemetery Authority under the provisions of the Cemetery Oversight Act, follow all steps as they are indicated below. This will aid you in accurately completing your application and eliminate delay in processing.

Beginning with the August 2014 renewal, every license issued under the Act shall expire on August 31 every 2 years.

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### Licensure Fee

The fee for Cemetery Authority is: \$75.00

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### Step I - Application

Please type or use black pen to complete all information requested on the Application for Cemetery Authority.

### Step II - Supporting Documents

1. Supporting Document Questionnaire must be completed and submitted for each person listed under Part IV of the Application for Licensure; i.e., each applicant, principal, owner, member, officer or shareholder holding 25% or more corporate stock or other ownership interest of the Cemetery Authority (make additional copies if necessary).
2. Supporting Document Assets and Liabilities must be completed and submitted for the Cemetery Authority.
3. Authorization for Criminal Background Check form must be completed and returned with this application.

*Each applicant, principal, owner, member, officer or shareholder holding 25% or more corporate stock or other ownership interest of the Cemetery Authority must submit to a criminal background check. Please refer to the attached “**Authorization for Criminal Background Check**” for more information concerning this requirement.*

4. In addition to the application, if the Cemetery Authority is a partnership, enclose a copy of the partnership agreement or, if no agreement exists, a list of partners and each partner’s ownership interests; if a corporation, enclose a copy of the Articles of Incorporation and a Certificate of Good Standing issued by the Secretary of State within the previous 60 days; if a foreign corporation, enclose a copy of the authorization to conduct business in Illinois; if a limited liability company, enclose a copy of the Articles of Organization and a Certificate of Good Standing issued by the Secretary of State within the previous 60 days; or, if another entity permitted by law, enclose a copy of the relevant document creating the entity. The Corporation/LLC “File Detail Report” retrieved from the Secretary of State’s website showing active status is an acceptable supporting document in place of a Certificate of Good Standing issued by the Secretary of State.

**Step III - Fees**

**All fees are not refundable.** Fee (as referenced on Page 1) must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.

**Step IV - Mail Application**

Forward application, supporting documentation, and fee payment to:

Illinois Department of Financial and Professional Regulation  
Attn: Division of Professional Regulation  
PO Box 7007  
Springfield, IL 62791

**Step V - Need Assistance**

If assistance is needed, direct your request to the following telephone number: 1-800-560-6420, or TTY: 1-866-325-4949.

# APPLICATION FOR LICENSURE ILLINOIS CEMETERY OVERSIGHT ACT

PROFESSION NAME <b>Cemetery Authority</b>	PROFESSION CODE <u>2</u> <u>5</u> <u>0</u>	FEE <b>\$75.00</b>
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**PART I (please type or print legibly):**

BUSINESS / OPERATING NAME OF CEMETERY	NAME OF CEMETERY AUTHORITY
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FEDERAL EMPLOYER IDENTIFICATION NUMBER

CEMETERY LOCATION ADDRESS (Street & Number, City, State, County, Zip Code)

LOCATION CONTACT PERSON (full name and title)	TELEPHONE NUMBER (include Area Code) If no phone on Cemetery property, phone number of contact person.
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FAX NUMBER	E-MAIL ADDRESS (REQUIRED)
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IS THIS APPLICATION A CHANGE OF OWNERSHIP?

**PART II (please type or print legibly):**

MAILING ADDRESS IF DIFFERENT THAN LOCATION (Street & Number, City, State, County, Zip Code)

TYPE OF OWNERSHIP (check one)

Individual  
  Partnership  
  Corporation  
  Limited Liability Company-Partnership  
  Change of Ownership  
  Other (specify) \_\_\_\_\_

DATE OF INCORPORATION (if applicable)	STATE OF INCORPORATION
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NAME OF REGISTERED AGENT	ADDRESS (Street & Number, City, State, County, Zip Code)
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NAME OF PARENT COMPANY	CONTACT PERSON (full name and title)
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PARENT COMPANY ADDRESS (Street & Number, City, State, County, Zip Code)

TELEPHONE NUMBER (include Area Code)	FAX NUMBER
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**PART III (please check yes or no):**

	Yes	No
a) Are you converting from a full or partial exemption?		
b) Have you ever been denied a full or partial exemption?		
c) Have you ever been denied a variance under the rules?		

**PART IV: Cemetery owner's name, home address (if applicable), and home telephone number (if applicable), or if applicant is a corporation, limited liability company, partnership, or other entity permitted by law, then the name and contact information for each applicant, principal, owner, member, officer or shareholder holding 25% or more corporate stock or other ownership interest (please type or print legibly):**

NAME	TITLE	% OF OWNERSHIP
HOME ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
NAME	TITLE	% OF OWNERSHIP
HOME ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
NAME	TITLE	% OF OWNERSHIP
HOME ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
NAME	TITLE	% OF OWNERSHIP
HOME ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)

NAME	TITLE	% OF OWNERSHIP
HOME ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)
BUSINESS ADDRESS (Street & Number, City, State, County, Zip Code)		TELEPHONE NUMBER (include Area Code)

PART V: Business History Information	YES	NO
1. Has the business been convicted of any criminal offense in any state or in federal court? <i>If yes, attach a certified copy of the court records regarding the conviction, the nature of the offense and date of discharge, if applicable.</i>		
2. Has the business been convicted of a felony?		
3. Has the business had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		

**Part VI: - Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_  
**Signature of Owner, Partner, Corporate Officer, or Cemetery Authority**

\_\_\_\_\_  
**Date**

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

# QUESTIONNAIRE

# QUEST

## ILLINOIS CEMETERY OVERSIGHT ACT

This form must be completed by each Applicant, Principal, Owner, Member, Officer or Shareholder holding 25% or more corporate stock or other ownership interest of the Cemetery Authority (make additional copies if necessary)

Application of \_\_\_\_\_

Name of Cemetery Authority

1. Your Name Mr. Ms. Mrs. \_\_\_\_\_

(Circle One)

First Name

Middle Name

Last Name

2. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Month/Day/Year

City

State

County

3. Social Security Number or ITIN \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

5. Business Address \_\_\_\_\_

Street

City

State

County

Zip Code

Business Telephone (include area code) \_\_\_\_\_

6. Home Address \_\_\_\_\_

Street

City

State

County

Zip Code

Home Telephone (include area code) \_\_\_\_\_

7. Occupation or Profession \_\_\_\_\_

8. Provide employment history for the past ten (10) years

From: Day/Month/Yr.	To: Day/Month/Yr.	Name & Address of Employer	Position/Title	Reason for Leaving

9. Approximately how much time do or will you devote to the Cemetery Authority applying for a license.

Questionnaire (cont'd)

10. List any present and previous connection, if any, with any other Cemetery Authority?

\_\_\_\_\_  
Name of Cemetery Authority                      Street & Number                      City      State      County      Zip Code                      Telephone Number

\_\_\_\_\_  
Name of Cemetery Authority                      Street & Number                      City      State      County      Zip Code                      Telephone Number

11. If any such Cemetery Authority discontinued business, give reasons for such discontinuance.

\_\_\_\_\_

12. Have you ever been convicted of any crime, except minor traffic offenses? \_\_\_ Yes \_\_\_ No

If yes, please provide

Name and Address of Court \_\_\_\_\_

Case Name and Number \_\_\_\_\_

Charge or Crime upon which conviction was entered \_\_\_\_\_

Date of Conviction \_\_\_\_\_ Sentence Imposed \_\_\_\_\_

13. Have you ever been or are you currently involved in any civil litigation in which a judgment or decree based on fraud has been rendered against you? \_\_\_ No \_\_\_ Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

14. Have you ever failed to satisfy an enforceable judgement or decree rendered against you in any civil proceedings by a court of competent jurisdiction? \_\_\_ No \_\_\_ Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

15. Have you ever been a defendant in any civil action, other than domestic matters? \_\_\_ No \_\_\_ Yes

If yes, please provide, Name and address of Court \_\_\_\_\_

Case Name and Number \_\_\_\_\_

Nature of Case \_\_\_\_\_

Final Disposition \_\_\_\_\_

16. Have you ever filed for bankruptcy? \_\_\_ No \_\_\_ Yes

If yes, please provide

Name and Address of Court \_\_\_\_\_

Date of Insolvency \_\_\_\_\_

Questionnaire (cont'd)

17. Have you ever had a license involving any Cemetery Authority revoked, suspended or denied in Illinois or any other state or been barred by any competent jurisdiction from engaging in or continuing to engage in any aspect of the cemetery or funeral business? \_\_\_No \_\_\_Yes

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

18. Have you ever been the subject of any type or form of disciplinary action regarding a professional or business license? \_\_\_No \_\_\_Yes

If yes, please explain \_\_\_\_\_

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THE FOREGOING ANSWERS AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE, THEY ARE TRUE, CORRECT AND COMPLETE.**

\_\_\_\_\_  
**Signature of Owner, Partner, Corporate Officer  
or Cemetery Authority**

\_\_\_\_\_  
**Date**



**STATEMENT OF ASSETS  
AND LIABILITIES**

**CA - AL**

**STATEMENT OF ASSETS AND LIABILITIES  
ILLINOIS CEMETERY OVERSIGHT ACT**

**NOTE:** The intended purpose of gathering a statement of assets and liabilities is to gauge the financial resources available to a cemetery authority for the care and maintenance of the cemetery. In order to achieve the purpose intended the statement we collect must be expanded beyond a normal corporate balance sheet. In addition, we need to identify any and all trust funds for this cemetery which could be used to provide maintenance, whether licensed or not under the Cemetery Care Act.

Please type or print legibly

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Federal Identification Number of Applicant \_\_\_\_\_

**ASSETS**

**Trust Fund Assets** (aggregate all trusts reported under your FEIN)

- 1. Income Cash \_\_\_\_\_
- 2. Investments (at cost) \_\_\_\_\_
  - Principal Cash, Cd's, Money Market \_\_\_\_\_
  - Stock \_\_\_\_\_
  - Bonds \_\_\_\_\_
- Total of Investments at Cost \_\_\_\_\_
- Adjustment to Market \_\_\_\_\_

**Total Trust Fund Assets** \_\_\_\_\_

**Cemetery Authority Assets** (non trust)

**Current Assets**

- 1. Cash \_\_\_\_\_
- 2. Investments (At Cost) \_\_\_\_\_
  - Market Adjustment \_\_\_\_\_
- 3. Contracts Receivable (Net of Potential trust deposit requirements) \_\_\_\_\_
- 4. Interest Receivable \_\_\_\_\_
- 5. Due From All Trust Funds \_\_\_\_\_
- 6. Unexpired Insurance \_\_\_\_\_
- 7. Other Receivables \_\_\_\_\_

**Total Current Assets** \_\_\_\_\_

**Long Term Assets**

- 1. Contracts Receivable (Net of Potential trust deposit requirements) \_\_\_\_\_
- 2. Investments \_\_\_\_\_
- 3. Cemetery Land, Entombment, and Inurnment Spaces \_\_\_\_\_
- 4. Buildings, Improvements, and Equipment (Net of depreciation) \_\_\_\_\_
- 5. Goodwill (Net of Amortization) \_\_\_\_\_

6. Other Assets \_\_\_\_\_

**Total Current Assets** \_\_\_\_\_

**Total Trust and Non Trust Cemetery Authority Assets** \_\_\_\_\_

**LIABILITIES and EQUITY**

**Trust Liabilities and Equity**

1. Payable to Cemetery \_\_\_\_\_

2. Accounts Payable (Fees) \_\_\_\_\_

3. Long Term Liabilities \_\_\_\_\_

4. Fund Equity \_\_\_\_\_

5. Adjustment To Market \_\_\_\_\_

**Total Liabilities and Trust Fund Equity** \_\_\_\_\_

**Cemetery Authority (Non Trust) Liabilities and Equity**

**Current Cemetery Authority Liabilities**

1. Due to Trust Funds From Current Payments \_\_\_\_\_

2. Vender Accounts Payable \_\_\_\_\_

3. Accrued Payroll \_\_\_\_\_

4. Commissions Payable \_\_\_\_\_

5. Taxes Payable \_\_\_\_\_

6. Other Current Payables \_\_\_\_\_

**Total Current Cemetery Authority Non Trust Fund Liabilities** \_\_\_\_\_

**Long Term Cemetery Authority Liabilities**

1. Notes Payable \_\_\_\_\_

2. Mortgages Payable \_\_\_\_\_

3. Other Longtem Liabilities \_\_\_\_\_

**Total Cemetery Authority Non Trust Long Term Liabilities** \_\_\_\_\_

**Equity**

1. Common Stock, or Individual Capital, or Partnership Capital \_\_\_\_\_

2. Retained Earnings or Undivided Profits \_\_\_\_\_

3. Other Equity Adjustments \_\_\_\_\_

**Total Cemetery Authority Non Trust Equity** \_\_\_\_\_

**Total Trust and Non Trust Cemetery Authority Liabilities and Equity** \_\_\_\_\_

# OFF BALANCE SHEET TRUSTS

## ASSETS

**Trust Fund Assets** (aggregate all trusts reported under separate FEIN(s))

<hr/>		
1. Income Cash		<hr/>
2. Investments (at cost)		<hr/>
Principal Cash, Cd's, Money Market		
Stock	<hr/>	
Bonds	<hr/>	
Total of Investments at Cost		<hr/>
Adjustment to Market		<hr/>
<b>Total Trust Fund Assets</b>		<hr/>

## Liabilities and Equity

### Trust Liabilities

1. Payable to Cemetery		<hr/>
2. Accounts Payable (Fees)		<hr/>
3. Long Term Liabilities		<hr/>
4. Fund Equity		<hr/>
5. Adjustment to Market		<hr/>
<b>Total Trust Liabilities and Equity</b>		<hr/>

## Notes accompanying Statement of Assets and Liabilities

- A. List name and location of all trust funds reported under your FEIN for this cemetery.
- B. List name and location of all trust funds under your control reported under separate FEIN for this cemetery.
- C. List name and location of trust funds under neither owned nor controlled by you which provides this cemetery income as a beneficiary.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 65/1 et.seq. of (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## Authorization for Criminal Background Check

SUPPORTING DOCUMENT

# BC-CEM

**APPLICANT:** *All individuals applying for licensure as a Cemetery Manager or Customer Service Employee or 25% or more authority owner in Illinois must submit to a criminal background check. Please complete the following.*

1. NAME LAST                      FIRST                      MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month      Day              Year	3. SSN OR ITIN - - - - -
4. ADDRESS STREET, CITY, STATE, ZIP CODE	5. SELECT ONE OF THE FOLLOWING:	
6. MAIDEN OR GIVEN SURNAME	<input type="checkbox"/> Cemetery Manager	253
	<input type="checkbox"/> Customer Service Employee	254
	<input type="checkbox"/> 25% Or More Owner	250

### CERTIFYING STATEMENT

Pursuant to Section 10-21 a(E)(4) of the Cemetery Oversight Act, I \_\_\_\_\_  
, authorize the Department to obtain a criminal background check not including fingerprints.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_