

INSTRUCTION SHEET

CEMETERY AUTHORITY

Partial Exempt Status

To apply for Partial Exempt Status 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 2016 renewal, every registration as a full exempt or partial exempt cemetery authority issued under the Act shall expire on August 31 every 4 years.

Fee The fee for Partial Exemption is: \$150.00

Step I - Application Please type or use black pen to complete all information requested on the Application for Partial Exempt Status.

Step II - 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 III - Mail Application Forward application, any 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 IV - Need Assistance If assistance is needed, direct your request to the following telephone number: 1-800-560-6420, or TTY: 1-866-325-4949.

Definitions "Cemetery Authority" means any individual or legal entity that owns or controls cemetery lands or property.

"Public cemetery" means a cemetery owned, operated, controlled, or managed by the federal government, by any state, county, city, village, incorporated town, township, multi-township, public cemetery district, or other municipal corporation, political subdivision, or instrumentality thereof authorized by law to own, operate, or manage a cemetery.

"Religious cemetery" means a cemetery owned, operated, controlled and managed by any recognized church, religious society, association, or denomination, or by any cemetery authority or any corporation administering, or through which is administered, the temporalities of any recognized church, religious society, association, or denomination.

Additional application forms can be downloaded from the IDFPR Web site at idfpr.illinois.gov.

APPLICATION FOR LICENSURE OR EXEMPTION

ILLINOIS CEMETERY OVERSIGHT ACT

PROFESSION NAME Cemetery Authority-Partial Exempt Status	PROFESSION CODE <u>2</u> <u>5</u> <u>2</u>	FEE \$150.00
--	---	------------------------

PART I (please type or print legibly):

BUSINESS / OPERATING NAME OF CEMETERY	NAME OF CEMETERY AUTHORITY
---------------------------------------	----------------------------

FEDERAL EMPLOYER IDENTIFICATION NUMBER (if any)

MAILING ADDRESS OF CEMETERY (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.
---	--

FAX NUMBER	E-MAIL ADDRESS (REQUIRED)
------------	---------------------------

IF THE CEMETERY DOES NOT HAVE AN ADDRESS, PROVIDE GENERAL LOCATION.

PART II: CEMETERY OWNERSHIP

TYPE OF OWNERSHIP (check one)

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

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)

PART III (please complete the following):	Yes	No
a) Are you operating as a public cemetery?		
b) Are you operating as a religious cemetery?		
c) Did you engage in 25 or fewer interments, inurnments or entombments at the cemetery for each of the two preceding calendar years?		
d) How many interments, inurnments or entombments at the cemetery for each of the two preceding calendar years? Year: _____ Number: _____; Year: _____ Number: _____		

PART IV: 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.