

**LICENSE NO.: 250.**

**PART A: LICENSED MANAGER:**

Name: \_\_\_\_\_

License #: \_\_\_\_\_

**PART B:**

Enter the number of burials (i.e. internments, inumments or entombments) in two previous calendar years. 2024 \_\_\_\_\_ 2025 \_\_\_\_\_

**CHECK HERE IF NAME OR ADDRESS CHANGE**

**Fee Before: 8/31/2026 \$75.00 (See Payment Options Below.)**

**Fee After: 8/31/2026 \$125.00 (Includes Late Penalty Fee.)**

**Total Fee: \$ \_\_\_\_\_**

**SIGNATURE SECTION:**

**APPLICATIONS NOT SIGNED AND/OR INCOMPLETE WILL BE RETURNED.**  
I understand that if I provide false/fraudulent information I could lose my license, be fined and/or have other penalties assessed. I also understand the FEES ARE NOT REFUNDABLE. Therefore, I declare that I have examined this form and, to the best of my knowledge, all statements are true, correct and complete.

SIGNATURE: \_\_\_\_\_

DAYTIME PHONE NUMBER: (        ) \_\_\_\_\_

EMAIL Required: \_\_\_\_\_

My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is greater than the required fee above, but in no event shall such reduction be made in an amount greater than \$50.

State Of Illinois  
Department of Financial and Professional Regulation

**RENEWAL  
NOTICE FOR: LICENSED CEMETERY AUTHORITY**

**LICENSE RENEWAL INSTRUCTIONS**

1. Enter the Name and License Number of the Manager of the Cemetery.
2. Please complete the Supplemental Renewal Application (CA-REN) and return with your renewal.
3. Make any address changes on the reverse side of this form. If your firm has a name change, you must include proof. Proof can be any one of the following: articles of incorporation, partnership agreement, articles of organization, assumed name document, etc.
4. You must sign the application in the space provided in the SIGNATURE SECTION and provide an email address for notifications.

Failure to follow instructions will result in your license renewal being delayed. Practice after expiration of your license shall constitute unlicensed practice which could result in civil/criminal penalties and discipline of your license.

In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes? \_\_\_\_\_ YES \_\_\_\_\_ NO

In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations."

Are you delinquent in complying with workers' compensation obligations? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PAYMENT OPTIONS (Fees are NOT refundable)**

**CHECK/MONEY ORDER:** Mail the upper portion of this renewal form along with the correct fee. Only checks and money orders, payable to the DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, will be accepted. Only checks drawn on United States Banks within the Federal Reserve are accepted. Mailed renewals typically require four to six weeks to process. **DO NOT SEND CASH!** Placement of a STOP PAYMENT on a check results in a \$50 fine.

LICENSE NO.: 250. \_\_\_\_\_

Please PRINT any name/address change below. Change of name must be accompanied by documentary proof.

Name: \_\_\_\_\_

Address

Lines: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Department of Financial and Professional Regulation  
Division of Professional Regulation  
Post Office Box 7450  
Springfield, IL 62791-7450

\*\*\*\*\* **NOTICE** \*\*\*\*\*

INCOMPLETE RENEWALS: An incomplete renewal will be returned to you for proper completion. This will result in a substantial delay in renewing your license to practice. We cannot process your renewal by mail without the following information:

Your renewal must be signed.

A signed check or money order must be enclosed.

A completed Supplemental Renewal Application (CA-REN) must be enclosed that includes current cemetery financial information.