

LICENSE NO.: 250.

PART A: LICENSED MANAGER:

Name: _____

License #: _____

CHECK HERE IF NAME OR ADDRESS CHANGE

Fee Before: 8/31/2024 \$75.00 (See Payment Options Below.)

Fee After: 8/31/2024 \$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: _____

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.

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.

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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.