

Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002
Telephone (504)838-5267 – Toll Free 1-866-488-5267 - Fax (504)838-5289
Website: www.lcb.state.la.us

Application for Certificate of Authority

(Pursuant to R.S. 8:70)

1. Name of Cemetery Authority: _____
(Corporation or Limited Liability Company)
2. Mailing Address of Cemetery Authority: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
3. D/B/A or Trade Name of Cemetery: _____
4. Physical Address of Cemetery: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
5. Mailing Address of Cemetery: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
6. Telephone Number of Cemetery: _____ Fax Number of Cemetery: _____
E-mail address of Cemetery: _____
7. Name, title, address, and telephone number of person completing this form to whom information or correspondence regarding this application should be directed: _____

8. Please provide the following information:
 - a) Total acreage of cemetery: _____
 - b) Acres developed: _____
 - c) Acres undeveloped: _____
9. Was the *Cemetery Authority* named above in existence and operating on July 31, 1974? YES: _____ NO: _____
10. Is the *Cemetery Authority* named above an individual _____, Partnership _____, Association _____, Trust _____, Corporation _____, Limited Liability Company _____, or Other _____ (specify).
(Check one)
11. If a Corporation or Limited Liability Company:
 - a) In what state organized? _____
 - b) If other than Louisiana, are you authorized by the Secretary of State to do business in Louisiana?
YES: _____ NO: _____
 - c) Is the cemetery authority publicly-traded? YES: _____ NO: _____
 - d) Name and address of Registered Agent for Service of Process: _____

12. Is the *Cemetery Authority* named above currently, or has it in the past operated one or more cemeteries in any state other than Louisiana? YES: _____ NO: _____ If YES, list each below: (attach additional sheets, if necessary)

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

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Address: _____
City: _____ County: _____ State: _____ Zip Code: _____

13. Will the cemetery be or has it been operated as a perpetual or endowed care cemetery? YES: _____ NO: _____
- a) If YES, has the applicant complied with the requirements of R.S. 8:451-467, inclusively? YES: _____ NO: _____
- b) In "NO" explain: _____
- c) Amount of initial deposit to fund, if required: _____
- d) Proposed rate of future contributions: _____
- e) Name and address of Trustee: _____

14. a) Will the cemetery sell or has it sold cemetery related merchandise, such as, burial vaults, grave liners, urns, memorials, vases, foundations, memorial bases and similar merchandise *pre-need*? YES: _____ NO: _____
- b) If your answer to 14a is "YES" will you deliver or store all merchandise within one hundred twenty (120) days of entering into the contract for the sale of such merchandise? YES: _____ NO: _____
- c) If your answer to 14a is "YES" will you store *pre-need* merchandise at the cemetery or with a supplier? Cemetery _____ Supplier _____ If you are storing *pre-need* merchandise with a Supplier(s), please provide name and address of Supplier(s): *(attach additional sheets if necessary)* _____
- d) If your answer to 14b is "NO" have you established a Merchandise Trust Fund? YES: _____ NO: _____

15. a) Will the cemetery sell or has it sold cemetery related services commonly sold and used in cemeteries, such as, openings and closings, and memorial installation fees *pre-need*? YES: _____ NO: _____
- b) If your answer to 15a is "YES" have you established a Merchandise Trust Fund? YES: _____ NO: _____

(All merchandise and services not delivered or stored within 120 days after entering into such contract must be trusted, including those contracts that are financed.)

16. If the answer to 14d or 15b is "YES" please provide the following regarding the Merchandise Trust Fund:
- a) Has the applicant complied with the requirements of R.S. 8:501-511, inclusively? YES: _____ NO: _____
- b) If "NO" explain: _____
- c) Proposed rate of contributions: _____
- d) Name and address of Trustee: _____

17. a) Will the cemetery contract the services of a Cemetery Sales or Cemetery Management Organization? YES: _____ NO: _____
- b) If your answer to 17a is "YES" please provide the name and address of each Cemetery Sales or Cemetery Management Organization: *(attached additional sheets, if necessary)* _____

18. List the following information for each owner, partner, stockholder, and/or member (owning 10% or more), officer, director, LLC manager, 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: _____

19. Has the *Cemetery Authority* been the subject of a criminal prosecution or governmental enforcement action in any jurisdiction? YES: _____ NO: _____
 a) If YES, explain nature, status and resolution, if resolved. _____
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20. Has the *Cemetery Authority* 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 19 & 20 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS – AND DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

CERTIFICATION

Application is hereby made for a license, as provided for in R.S. 8:70 to engage in the business of a cemetery. 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 proceeding against the licensee and agree that the Louisiana Cemetery Board may institute a background check of the Cemetery Authority and its officers, directors, partners, joint venturers, owners and any other person or entity included in this application. ***This application must be executed by each owner, partner, stockholder, and/or member holding 10% or more, or a majority of the officers, directors, and/or LLC managers of the Cemetery Authority if publicly-traded.***

SWORN TO AND SUBSCRIBED before me this
 _____ day of _____ 20____.

 Name of Cemetery Authority

 Signature/Title

 NOTARY PUBLIC
 Print name of Notary: _____
 Notary number: _____
 My Commission Expires: _____

 Signature/Title

 Signature/Title

 Signature/Title

 Signature/Title

 Signature/Title

PLEASE RETURN THIS FORM TO:
Louisiana Cemetery Board
 3445 N. Causeway Blvd., Suite 509
 Metairie, LA 70002