

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 LICENSE AS A
Cemetery Sales Organization _____
Cemetery Management Organization _____
(Check appropriate one)
(Pursuant to R.S. 8:402)

1. Name of *Applicant*: _____
(Corporation or Limited Liability Company)
2. Mailing Address of *Applicant*: _____
City: _____ County/Parish: _____ State: _____ Zip Code: _____
3. D/B/A or Trade Name of *Applicant*: _____
4. 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 applicant publicly-traded? YES: _____ NO: _____
d) Name and address of Registered Agent for Service of Process: _____

5. Telephone #: _____ Fax #: _____ E-mail address: _____
6. Name, title, address, and telephone number of person completing this form to whom information or correspondence regarding this application should be directed: _____

7. Is the *Applicant* named above currently operating a Cemetery Sales or Management Organization in any state other than Louisiana? YES: _____ NO: _____ If YES, list each state: _____
8. List below each cemetery in Louisiana which the *Applicant* has a current or proposed contract for Cemetery Sales and/or Management: (attach additional sheets, if necessary)

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

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Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____

Name of Cemetery: _____
Address: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
9. 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: _____

10. Has the *Applicant* 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. _____

11. Has the *Applicant* 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 10 & 11 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS - AND PROVIDE DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

CERTIFICATION

Application is hereby made for a license, as provided for in R.S. 8:402 to engage in the business of a Cemetery Sales or Management Organization. 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 proceedings against the licensee and agree that the Louisiana Cemetery Board may institute a background check of the Applicant 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 Applicant if publicly-traded.***

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

Name of Applicant

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