

**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](http://www.lcb.state.la.us)

**Corporate / LLC Questionnaire**

The following information is being submitted to the Louisiana Cemetery Board, for its use as part of the Application for License as a Cemetery Sales or Management Organization filed by \_\_\_\_\_, (*Applicant*) pursuant to R.S. 8:402, which is owned by the following corporation or limited liability company.

1. Name of *Corporation or Limited Liability Company*: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_
4. Please provide the following information:
  - 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 *Corporation or Limited Liability Company* publicly-traded? YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - d) Name and address of Registered Agent for Service of Process: \_\_\_\_\_  
\_\_\_\_\_
5. Is the *Corporation or Limited Liability Company* named above currently, or has it in the past, operated one or more Cemetery Sales or Management Organizations in any state other than Louisiana? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If YES, list each below: (*attach additional sheets, if necessary*)  
  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. List the following information for each owner, partner, stockholder, and/or member, (owning 10% or more), officer, director, and/or LLC manager: (*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: \_\_\_\_\_
7. Is the *Corporation or Limited Liability Company* named above a subsidiary? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If YES, please provide the following:
  - a) Name & address of parent: \_\_\_\_\_  
\_\_\_\_\_
  - b) Percentage of Ownership of subsidiary: \_\_\_\_\_
  - c) In what state organized? \_\_\_\_\_

d) If other than Louisiana, is the parent authorized by the Secretary of State to do business in Louisiana?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

e) Is the parent corporation publicly-traded? YES: \_\_\_\_\_ NO: \_\_\_\_\_

f) Name and address of Registered Agent for Service of Process: \_\_\_\_\_

8. Has the *Corporation or Limited Liability Company* been the subject of a criminal prosecution or governmental enforcement action in any jurisdiction? YES: \_\_\_\_\_ NO: \_\_\_\_\_

a) If YES, explain the nature, status and resolution, if resolved. \_\_\_\_\_

9. Has the *Corporation or Limited Liability Company* 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 8 & 9 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS - AND PROVIDE DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).**

**THE FOLLOWING MUST ACCOMPANY THIS QUESTIONNAIRE**

- Certified copy of Articles of Incorporation, Charter, or Articles of Organization.
- Certificate of good standing from the Secretary of State's Office.
- Three (3) years financial statements. If a new corporation or limited liability company, submit a statement estimating receipts (including capitalization, sales, loans, etc.) and expenditures for the next two (2) years.
- Each person named in six (6) above must complete an Individual's Questionnaire and submit a current credit report from a credit bureau.
- There shall be submitted to the Board such additional information and/or documentation the Board may deem necessary.

**CERTIFICATION**

We hereby certify that the information presented herein is true and correct to the best of our knowledge and belief, that said information is submitted voluntarily to the Louisiana Cemetery Board as essential data in connection with the Application for License as a Cemetery Sales or Management Organization filed by the *Applicant* named herein. ***This application must be executed by each owner, partner, stockholder, and/or member, owning 10% or more, or a majority of the officers, directors, and/or LLC managers if publicly-traded.***

SWORN TO AND SUBSCRIBED before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
NOTARY PUBLIC

Print name of Notary: \_\_\_\_\_

Notary number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
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