



KAY IVEY
GOVERNOR

ALABAMA BOARD OF FUNERAL SERVICES

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PRENEED DIVISION: PRENEED@FSB.ALABAMA.GOV



CHARLES PERINE
DIRECTOR

APPLICATION TO RENEW PRENEED LICENSE

Indicate completion of the items in the checklist by marking the box next to each item. **If the applicant cannot mark all boxes acknowledging each item on the checklist, DO NOT SUBMIT THE APPLICATION.**

THIS APPLICATION IS ACCOMPANIED BY THE FOLLOWING FEE(S)

LICENSE RENEWAL TYPE	NUMBER OF LICENSES BEING RENEWED	RENEWAL FEE	LATE FEE (if application received September 1 – October 1)	TOTAL AMOUNT
Certificate of Authority		X \$99.00	+ \$100.00 =	
Branch Registrant		X \$198.00	+ \$100.00 =	
Preneed Sales Agent		X \$33.00	+ \$100.00 =	
			TOTAL	

LICENSE TYPE	REQUIRED QUALIFICATIONS	MET
Certificate of Authority	Preneed license must be valid and active	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Most recent Report of Preneed Activity have been received by the Board	
Branch Registrant		
Certificate of Authority	All outstanding fees and/or fines are satisfied	
Branch Registrant		
Certificate of Authority	Violations or administrative actions are resolved to the Board's satisfaction	
Branch Registrant		

LICENSE TYPE	REQUIRED DOCUMENTS	SUBMITTED
Certificate of Authority	This application completed in its entirety (each question, checkbox, or required attachment should be acknowledged regardless of applicability)	
Branch Registrant		
Preneed Sales Agent		
Certificate of Authority	Statement of the facts and details of any bankruptcy (including date(s), together with the case style, number, name, and location of the court(s) in which the proceedings were held or are pending) (if applicable)	
Certificate of Authority	Business entity's most recent full and complete financial statement with accompanying notes to the financial statement prepared according to GAAP or the form issued by the Board (if applicable)	
Certificate of Authority	Copy of the financial statement waiver approval letter received from the Board (if applicable)	

LICENSE TYPE	REQUIRED FEES	PAID
Certificate of Authority	<ul style="list-style-type: none"> Non-Refundable application fee for each application submitted \$100.00 late fee for each license renewal received by the Board between September 1st and October 1st of each year 	
Branch Registrant		
Preneed Sales Agent		

ATTENTION: IF ADDITIONAL INFORMATION IS REQUIRED BY THE BOARD, THE REQUESTED INFORMATION MUST BE PROVIDED NO LATER THAN THE DATE GIVEN IN THE REQUEST, FAILURE TO RESPOND TIMELY WILL RESULT IN A DENIAL OF YOUR APPLICATION.

- Questions regarding an application should be e-mailed to preneed@fsb.alabama.gov or submitted through our website: www.fsb.alabama.gov > About Us > Contact Us
- If any named person(s) in the application has been convicted of a felony or misdemeanor, the person must request **CERTIFIED** records to be mailed to the Board from the court in which the conviction occurred. Mail to 4276 Lomac Street, Montgomery, Alabama 36106
- All fees may be combined in one form of payment (cash, check, money order, cashier’s check, or credit/debit card). Please make sure a description of each item being paid for accompanies the payment if all fees are combined in one form of payment.
- No application for application will be considered until all items on the checklist are satisfied, unless otherwise approved by the Board.

Incomplete applications will be returned to the sender **WITHOUT** being processed by the Board, with no exceptions. Renewal applications will be accepted **beginning July 1st of each year**. Renewal applications must be received by the Board office **on or before September 1st of each year** in order for the licenses to be renewed without penalty. Any renewal applications received by the Board office September 2nd through October 1st of each year are considered late and must include the \$100.00 late fee in addition to the original annual renewal fee for each license being renewed. Renewal applications that are received after October 1st of each year will be returned to the sender and the licenses will be considered expired, and the licensee must immediately cease all preneed sales activity. The expired license may be reinstated by complying with the provisions relating to reinstating the license, in addition to payment of all back fees and penalties. By signing this application, the licensee or authorized representative of a preneed license understands that any false statement given herein or on the original application for licensure will subject the preneed license to denial or revocation.

NAME OF CERTIFICATE OF AUTHORITY LICENSE:				
D/B/A NAME (if applicable):				
TYPE OF BUSINESS ENTITY (check one):				
<input type="checkbox"/>	Funeral Establishment	<input type="checkbox"/>	Cemetery Authority	<input type="checkbox"/>
<input type="checkbox"/>	Combination Funeral and Cemetery	<input type="checkbox"/>	Third-Party Seller	
FULL MAILING ADDRESS (street number, street name, city, state, zip code):			CERTIFICATE OF AUTHORITY LICENSE NUMBER:	
			CERTIFICATE OF AUTHORITY’S E-MAIL ADDRESS:	
FULL PHYSICAL ADDRESS (if different from mailing address):			CERTIFICATE OF AUTHORITY’S TELEPHONE NUMBER:	
			BUSINESS ENTITY’S FISCAL YEAR END DATE:	

THIS PAGE CAN BE COPIED AS MANY TIMES AS NECESSARY. PLEASE INDICATE AT THE BOTTOM OF EACH PAGE THE PAGE NUMBER AND THE TOTAL NUMBER OF PAGES.

DOES THE BUSINESS ENTITY HOLDING THE CERTIFICATE OF AUTHORITY LICENSE OPERATE OTHER LOCATIONS UNDER A COMMON BUSINESS ENTERPRISE WITH THE <u>SAME NAME</u> AS THE CERTIFICATE OF AUTHORITY LICENSE BUT WITHOUT ITS OWN PRENEED LICENSE? <u>IF YES</u> , PROVIDE THE REQUESTED INFORMATION BELOW FOR EACH ADDITIONAL LOCATION OPERATING UNDER THE COMMON BUSINESS ENTERPRISE WITH THE SAME NAME AS THE CERTIFICATE OF AUTHORITY LICENSE.	Yes
	No

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION WITH SAME NAME AS CERTIFICATE OF AUTHORITY:
--

TYPE OF BUSINESS ENTITY (check one):		
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery
E-MAIL ADDRESS:	TELEPHONE NUMBER:	

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION WITH SAME NAME AS CERTIFICATE OF AUTHORITY:
--

TYPE OF BUSINESS ENTITY (check one):		
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery
E-MAIL ADDRESS:	TELEPHONE NUMBER:	

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION WITH SAME NAME AS CERTIFICATE OF AUTHORITY:
--

TYPE OF BUSINESS ENTITY (check one):		
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery
E-MAIL ADDRESS:	TELEPHONE NUMBER:	

FULL PHYSICAL ADDRESS OF ADDITIONAL LOCATION WITH SAME NAME AS CERTIFICATE OF AUTHORITY:
--

TYPE OF BUSINESS ENTITY (check one):		
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery
E-MAIL ADDRESS:	TELEPHONE NUMBER:	

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DOES THE BUSINESS ENTITY HOLDING THE CERTIFICATE OF AUTHORITY LICENSE OPERATE OTHER LOCATIONS UNDER A COMMON BUSINESS ENTERPRISE WITH A <u>DIFFERENT NAME</u> AS THE CERTIFICATE OF AUTHORITY LICENSE THAT ARE REGISTERED AS A BRANCH REGISTRANT UNDER THE CERTIFICATE OF AUTHORITY LICENSE AND HAVE A BRANCH REGISTRANT LICENSE? <u>IF YES,</u> PROVIDE THE REQUESTED INFORMATION BELOW FOR EACH BRANCH REGISTRANT LICENSE REGISTERED UNDER THE CERTIFICATE OF AUTHORITY LICENSE.	Yes
	No

NAME OF BRANCH REGISTRANT LICENSE:		
D/B/A NAME (if applicable):		
FULL MAILING ADDRESS OF BRANCH REGISTRANT LICENSE (street number, street name, city, state, zip code):	BRANCH REGISTRANT LICENSE NUMBER:	
	BUSINESS ENTITY'S E-MAIL ADDRESS:	
FULL PHYSICAL ADDRESS (if different from mailing address):	BUSINESS ENTITY'S TELEPHONE NUMBER:	
TYPE OF BUSINESS ENTITY (check one):		
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery

NAME OF BRANCH REGISTRANT LICENSE:		
D/B/A NAME (if applicable):		
FULL MAILING ADDRESS OF BRANCH REGISTRANT LICENSE (street number, street name, city, state, zip code):	BRANCH REGISTRANT LICENSE NUMBER:	
	BUSINESS ENTITY'S E-MAIL ADDRESS:	
FULL PHYSICAL ADDRESS (if different from mailing address):	BUSINESS ENTITY'S TELEPHONE NUMBER:	
TYPE OF BUSINESS ENTITY (check one):		
<input type="checkbox"/> Funeral Establishment	<input type="checkbox"/> Cemetery Authority	<input type="checkbox"/> Combination Funeral and Cemetery

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DOES THE CERTIFICATE OF AUTHORITY LICENSE HAVE AT LEAST ONE (1) PRENEED SALES AGENT REGISTERED UNDER THE CERTIFICATE OF AUTHORITY LICENSE? <u>IF YES</u> , PROVIDE THE REQUIRED INFORMATION BELOW FOR EACH PRENEED SALES AGENT LICENSE REGISTERED UNDER THE CERTIFICATE OF AUTHORITY LICENSE.	Yes
	No

FULL NAME OF PRENEED SALES AGENT AS IT APPEARS ON PRENEED SALES AGENT LICENSE:
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FULL MAILING ADDRESS OF PRENEED SALES AGENT (street number, street name, city, state, zip code):	PRENEED SALES AGENT LICENSE NUMBER:
	AGENT'S E-MAIL ADDRESS:
	AGENT'S TELEPHONE NUMBER:

HAS THE PRENEED SALES AGENT BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION <u>WITHIN THE LAST 12 MONTHS?</u> <u>IF YES</u> , ATTACH A SEPARATE PAGE WITH THIS APPLICATION WITH AN EXPLANATION IN THE AGENT'S OWN WORDS OF THE CONVICTION OR GUILTY PLEA, AND ATTACH OFFICIAL COURT DOCUMENTS.	Yes
	No

FULL NAME OF PRENEED SALES AGENT AS IT APPEARS ON PRENEED SALES AGENT LICENSE:
--

FULL MAILING ADDRESS OF PRENEED SALES AGENT (street number, street name, city, state, zip code):	PRENEED SALES AGENT LICENSE NUMBER:
	AGENT'S E-MAIL ADDRESS:
	AGENT'S TELEPHONE NUMBER:

HAS THE PRENEED SALES AGENT BEEN CONVICTED OF OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION <u>WITHIN THE LAST TWELVE (12) MONTHS?</u> <u>IF YES</u> , ATTACH A SEPARATE PAGE WITH THIS APPLICATION WITH AN EXPLANATION IN THE AGENT'S OWN WORDS OF THE CONVICTION OR GUILTY PLEA, AND ATTACH OFFICIAL COURT DOCUMENTS.	Yes
	No

HAS THERE BEEN A CHANGE IN OWNERSHIP OF THE CERTIFICATE OF AUTHORITY LICENSE SINCE THE LAST RENEWAL?	Yes
	No
IF YES , HAS THE CHANGE OF OWNERSHIP BEEN APPROVED BY THE BOARD? IF NO , DO NOT SUBMIT THIS RENEWAL APPLICATION. SUBMIT THE APPLICATION TO TRANSFER OWNERSHIP OF PRENEED LICENSE TO THE BOARD IMMEDIATELY PRIOR TO SUBMITTING THIS RENEWAL APPLICATION. ALL PRENEED SALES ACTIVITY SHOULD IMMEDIATELY CEASE UNTIL CHANGE OF OWNERSHIP IS APPROVED BY THE BOARD. THIS MAY BE AS SIMPLE AS ONE SHAREHOLDER SOLD THEIR SHARES OR PASSED AWAY AND THE STOCK HAS BEEN DIVIDED BETWEEN THE HEIRS OR OTHER SHAREHOLDERS, ETC.	Yes
	No
	N/A

HAS THE CERTIFICATE OF AUTHORITY LICENSE, ANY OF THE BRANCH REGISTRANT LICENSES LISTED IN THIS APPLICATION, OR ANY REPRESENTATIVE OF SAID LICENSES BEEN THE SUBJECT OF ANY BANKRUPTCY PROCEEDING OR HAD A JUDGEMENT FILED AGAINST THEM SINCE THE DATE OF THE LAST APPLICATION SUBMITTED TO THE BOARD? IF YES , SUBMIT THE STATEMENT OF THE FACTS AND DETAILS OF EACH BANKRUPTCY (INCLUDING DATE(S), TOGETHER WITH THE CASE STYLE, NUMBER, NAME, AND LOCATION OF THE COURT(S) IN WHICH THE PROCEEDINGS WERE HELD OR ARE PENDING).	Yes
	No

HAS ANY REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY OR ANY BRANCH REGISTRANT LICENSES LISTED IN THIS APPLICATION BEEN CONVICTED OR PLEAD GUILTY TO A FELONY OR MISDEMEANOR, OTHER THAN A TRAFFIC VIOLATION, WITHIN THE LAST TWELVE (12) MONTHS ? IF YES , SUBMIT A WRITTEN EXPLANATION OF THE CONVICTION OR GUILTY PLEA AS WELL AS OFFICIAL COURT DOCUMENTS WITH THIS APPLICATION.	Yes
	No

INCLUDE THE COMPLETE FINANCIAL STATEMENT FOR THE CERTIFICATE OF AUTHORITY LICENSE WITH THIS APPLICATION. PURSUANT TO ADMINISTRATIVE CODE 395-X-9-.08 (2) (a) and (b), THE BUSINESS ENTITY HOLDING THE CERTIFICATE OF AUTHORITY LICENSE MUST SUBMIT FINANCIAL STATEMENTS PREPARED ACCORDING TO GENERALLY ACCEPTED ACCOUNTING PRINCIPALS (GAAP) OR THE FOR ISSUED BY THE BOARD. THE FORM ISSUED BY THE BOARD MUST BE COMPLETED IN ITS ENTIRETY AND IT CAN BE DOWNLOADED FROM THE BOARD'S WEBSITE. PROPER NOTES MUST BE INCLUDED WITH ALL FINANCIAL STATEMENTS.

HAS A FINANCIAL STATEMENT WAIVER BEEN GRANTED BY THE BOARD FOR THE CERTIFICATE OF AUTHORITY LICENSE? IF YES , SUBMIT A COPY OF THE WAIVER APPROVAL LETTER WITH THIS APPLICATION. IF NO , SUBMIT THE FINANCIAL STATEMENT OF THE CERTIFICATE OF AUTHORITY LICENSE.	Yes
	No

WHAT ACCOUNTING METHOD WAS USED TO PREPARE THE FINANCIAL DATA SUBMITTED WITH THIS APPLICATION?	GAAP
	Board Issued Form
	Waiver

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IF THIS APPLICATION IS APPROVED AND THE PRENEED LICENSES LISTED IN THIS APPLICATION ARE RENEWED, EACH OF THE AUTHORIZED REPRESENTATIVES FOR EVERY PRENEED LICENSE LISTED IN THIS APPLICATION MUST AGREE TO COMPLY WITH THE REQUIREMENTS OF TITLE 34, CHAPTER 13 OF THE CODE OF ALABAMA 1975, AND ANY RULES, REGULATIONS, AND BULLETINS PROMULGATED BY THE BOARD DEALING WITH CHAPTER 13 BY SIGNING BELOW. THE AUTHORIZED REPRESENTATIVE FOR EACH PRENEED LICENSES LISTED IN THIS APPLICATION ALSO CERTIFIES THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS IR HER KNOWLEDGE AND BELIEF. HE OR SHE FURTHER UNDERSTAND THAT ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO THE BOARD OR ITS REPRESENTATIVE(S), WHO WILLFULLY FAILS TO TIMELY MAKE TRUST DEPOSITS TO TRUSTS, OR WHO KNOWINGLY WITHDRAWS UNAUTHORIZED FUNDS OR ASSETS FROM A TRUST MAY BE GUILTY OF A FELONY UNDER ALABAMA LAW AND SUBJECT TO RESTITUTION, FINES, LOSS OF ANY OR ALL CERTIFICATES OF AUTHORITY OR OTHER APPLICABLE LICENSES, PRISON, OR ANY COMBINATION THEREOF. LASTLY, BY AFFIXING HIS OR HER SIGNATURES TO THIS FORM, THE AUTHORIZED REPRESENTATIVES OF EACH PRENEED LICENSE LISTED IN THIS APPLICATION HEREBY AGREE THAT THE ALABAMA BOARD OF FUNERAL SERVICES MAY MAKE FULL INQUIRIES OF EACH OF THE NAMED PERSONS IN THIS APPLICATION, ALL FORMER EMPLOYERS, AND ALL OTHER PERSONS CONCERNING THEIR BUSINESS, PROFESSIONAL, OR MORAL CHARACTER AND REPUTATION, INCLUDING THE PROCUREMENT OF LETTERS, STATEMENTS OR AFFADAVITS CONCERNING THE SAME THAT MAY BE DEEMED PERTINENT TO A DETERMINATION OF THEIR QUALIFICATIONS FOR APPLICATION TO OBTAIN A BRANCH REGISTRANT LICENSE TO SELL PRENEED FUNERAL AND/OR CEMETERY MERCHANDISE AND SERVICES FOR THAT THE BUSINESS ENTITY THEY ARE APPLYING, AND DO SPECIFICALLY WAIVE ALL CLAIMS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION THAT MIGHT OTHERWISE ACCRUE TO THEM AGAINST ANY OF SAID PERSONS, RESULTING OR ARISING FROM, OR BY REASON OF, ANY AND ALL STATEMENTS OF FACT OR OPINION GIVEN IN GOOD FAITH CONCERNING THEM EXPRESSED BY ANY OF THEM IN REPLY TO ANY INQUIRY MADE BY, OR UNDER THE DIRECTION OF, THE ALABAMA BOARD OF FUNERAL SERVICES, WHETHER THE SAME BE RESPONSIVE TO, OR NECESSARILY REQUIRED BY, SUCH INQUIRY OR NOT, AND THAT ALL SUCH STATEMENTS SHALL BE DEEMED PRIVILEGED AND NOT ACTIONABLE BY THEM UNLESS SUCH STATEMENTS ARE, IN FACT, WILLFULLY MADE AND FALSELY GIVEN WITH MALICE TOWARD THEM. THEY UNDERSTAND THAT THIS INQUIRY MAY INCLUDE A CRIMINAL BACKGROUND CHECK THROUGH THE ALABAMA DEPARTMENT OF PUBLIC SAFETY OR ANY OTHER APPROPRIATE STATE AGENCY AND THE NATIONAL CRIMINAL INFORMATION CENTER (NCIC).

NAME OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY LICENSE:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF CERTIFICATE OF AUTHORITY LICENSE:	DATE SIGNED:

SIGNATURE OF PRENEED SALES AGENT:	DATE SIGNED:
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SIGNATURE OF PRENEED SALES AGENT:	DATE SIGNED:
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SIGNATURE OF PRENEED SALES AGENT:	DATE SIGNED:
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