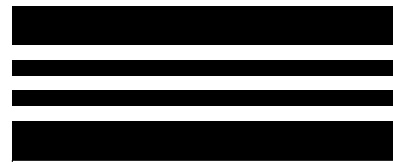




Cemetery Certificate of Authority Application



Apply for the authority to operate a cemetery.

- Online: <https://professions.dol.wa.gov>
- Or mail this completed form and any required attachments with a check or money order, payable to Department of Licensing for **\$405**, to:
Funeral and Cemetery Board
Department of Licensing
PO Box 35001
Seattle, WA 98124-3401



For questions or language help call: 360.664.1555

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add to your payment a \$5 print fee for each copy.

- \$0 self-print license online
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

- This application must be completed by the applicant or registered agent of the corporation involved, and the signature of the applicant or registered agent must be verified by a notary.
- The applicant is the principal owner. If no single individual is the principal owner, then the chief executive officer of the corporation should be the applicant. The applicant should be a stockholding person. In the event that a holding company owns all or a majority of the stock, the chief executive or principal stockholder of the holding company should be named.

Applicant

TYPE or PRINT Name (<i>Last, First, Middle initial</i>)		Email	
Military? (<i>check if applicable</i>)			
Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Corporation name		UBI/UBI Business ID/UBI Location ID (16 digits)	
Corporate address (<i>Street address or PO Box, City, State, ZIP code</i>)			
Doing business as (<i>Name of cemetery</i>)		10-digit phone number	
Cemetery location			
Cemetery address (<i>Street address or PO Box, City, State, ZIP code</i>)			
Type of corporation		Date of incorporation	Date of proposed sale
<input type="checkbox"/> For profit <input type="checkbox"/> Non-profit <input type="checkbox"/> Association <input type="checkbox"/> Private corporation			
Is a new corporation being formed?	Will shares/stock be owned by a holding company?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____		

Manager

Proposed manager name (<i>Last, First, Middle initial</i>)	10-digit phone number
Manager address (<i>Street address or PO Box, City, State, ZIP code</i>)	

Care funds

Provide the balance of principal in the endowment care fund (*not to include undistributed earnings*) as of the latest date possible.

Balance of principal in endowment care fund	Date	Amount of unfunded liabilities to endowment care fund found among receivables	Date
\$		\$	
\$		\$	

Legal background

Answer the questions below. If you answer "Yes," attach a detailed explanation.

Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business:

- 1. Had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification or permit? Yes No
- 2. Defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) Yes No

Attachments

Check all documents applicable to this application and include them with your application.

Required for all Cemetery license applications:

- Copy of Endowment Care Fund Trust Agreement
- Signed and notarized Cemetery Authority Statement of Understanding and Agreement with Title 68 RCW (form on website)
- Signed and notarized Endowment Care Fund Trustee Statement of Fiduciary Responsibility for each trustee (from on website)
- Certified copy of articles of incorporation
- Copy of corporation by-laws
- Certificate of Authority List of Officers (form on website)
- Financial statement from applicant

Required if applicable to your application:

- If applicant is foreign corporation, evidence of qualification to do business in Washington
- If purchasing the cemetery, sales agreement for the purchase and Cemetery Endowment Care Annual Report from seller (form on website)
- If applying for Prearrangement Sales license, a signed copy of the Cemetery Prearrangement Sales License Application **and** all supporting documents (form on website)
- If substantial changes in endowment care fund investments are anticipated during the next 12 months, an explanation of the changes.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name of applicant or person authorized to sign on behalf of the corporation

X

Name of corporation

Date and place

Signature of applicant or the person authorized to sign on behalf of the corporation

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.

Notary

State of _____, County of _____

Signed or attested before me on ____ by _____

(Seal or stamp)

Signature

Printed or stamped name

Title

and _____
Expiration date of appointment