



STATE REAL ESTATE COMMISSION
 PO Box 2649
 Harrisburg PA 17105-2649

Phone Number 717-783-3658
 Fax Number: 717-787-0250
www.dos.pa.gov/estate

CEMETERY COMPANY REGISTRATION APPLICATION

Make sure this is the most recent application by checking our website. Failure to submit a current application could result in delays while processing your application.

PLEASE READ THE FOLLOWING BEFORE PROCEEDING WITH THE APPLICATION PROCESS

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Commission shall require the applicant to submit a new application including the required fee.

In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. All background check documents cannot be older than 90 days from the date of issuance.

Failing to answer any questions or providing false answers may result in the refusal of a license or subsequent disciplinary action once the license is issued.

Licenses are not forwarded. Provide your current address to receive correspondence from the Commission. It is the applicant's responsibility to inform the Commission of an address or name change within ten (10) days of the change. Refer to the "Name/Address Change" form located on our website.

INSTRUCTIONS

1. The application responses must either be typed or printed in blue or black ink.
2. Information about corporate filings or fictitious names should be directed to the Pennsylvania Corporations Bureau online at www.dos.pa.gov/corps.
3. Fictitious names may not be false, misleading, or deceptive.
4. All cemetery companies must have a perpetual lot care fund. Applicants must receive a letter from their bank verifying the entity name and identifying authorized signatories on the account.
5. If a broker will be affiliated with this cemetery company, additional applications must be submitted for the broker and any salespersons that will be employed. These applications can be found on our website, www.dos.pa.gov/estate or applied for online at www.mylicense.state.pa.us
6. The cemetery company must have a qualified trustee who accepts responsibility for filing accounts with the Commission and the Court of Common Pleas.

APPLICATION CHECKLIST

Attach the following documents to this application:

- Check or money order made payable to the Commonwealth of Pennsylvania**
 - **\$107.00** – Includes \$72.00 licensure fee, \$25.00 application fee and \$10.00 recovery fund fee.
 - All fees are NON-REFUNDABLE regardless of whether a license is issued. A \$20.00 processing fee will be charged for any returned unpaid check.

- A photocopy of the Pennsylvania Corporation Bureau-approved Articles of Incorporation (for corporations) or Certificate of Registration (for partnerships).**
- A photocopy of the Pennsylvania Corporation Bureau-approved Fictitious Name Registration (if applicable)**
- Notarized statement from the Qualified Trustee stating responsibility of the accounts.**
- Bank Verification Letter for perpetual lot care fund.**
- Broker and Salesperson Applications (if applicable)**

PROCESSING INFORMATION

- You should maintain a copy of this application until an approval letter/license has been issued.
- Please see the Commission's website www.dos.pa.gov/estate for additional information about licensure and application requirements.
- To check the status of your application or to apply online visit www.mylicense.state.pa.us

**YOU MAY NOT PRACTICE UNTIL THE COMMISSION ISSUES YOUR
LICENSE/REGISTRATION**

16. Does the cemetery employ person(s) whose primary function is the sale of cemetery burial spaces?
 Yes No
17. Does any officer, partner, member and/or owner hold, or have they ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? No Yes
18. If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.
Profession: _____ State: _____
19. Has any officer, partner, member and/or owner had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to them in any state or jurisdiction or have they agreed to voluntary surrender in lieu of discipline? No Yes
20. Does any officer, partner, member and/or owner currently have any disciplinary charges pending against their professional or occupational license, certificate, permit or registration in any state or jurisdiction? No Yes
21. Has any officer, partner, member and/or owner been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
 No Yes
22. Does any officer, partner, member and/or owner currently have any criminal charges pending and unresolved in any state or jurisdiction? No Yes

Disciplinary action includes any revocation, suspension, voluntary surrender, reprimand, probation, civil penalty or any restriction in practice. If any disciplinary action has been taken against any license in any state, submit all documentation about the disciplinary action.

Conviction includes a finding or verdict of guilt, an admission of guilt, a plea of nolo contendere or receiving probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitation Disposition in the disposition of criminal charges. Only felony and misdemeanor convictions must be reported to the Commission. If a conviction has occurred in any state that has not yet been reported to the Commission, submit all documentation about the conviction. If you answered "Yes" to any of the disciplinary or conviction questions, provide complete details as well as certified copies of relevant documents.

Check box if claiming a Business fee exemption for veteran-owned and reservist-owned small business under Act 135 of 2016 (51 Pa.C.S. §§ 9610-9611)

Under Act 135 of 2016, veterans and reservists starting or opening a small business in the Commonwealth are exempt from the payment of a business fee effective January 2, 2017. Therefore, the board will waive the initial application fee for veteran- or reservist-owned small businesses as follows:

1. The veteran/reservist owner(s) must certify below that they are starting a small business in the Commonwealth. A **small business** must be independently owned, not dominant in its field of operation and employ 100 or fewer employees. The business must be owned AND controlled by a veteran or reservist. For businesses with multiple owners, at least 51% of the ownership interest must be held by veterans/reservists to claim the exemption.
2. The veteran/reservist owner(s) must attach proof of the veteran's or reservist's status at the time the initial application is submitted. Such proof includes a legible photocopy of:
 - A Federal DD-214 form
 - A Federal NGB-22 form
 - A valid Federal Veterans' Administration card or
 - A valid Department of Defense-issued military identification card

CERTIFICATION STATEMENT:

I hereby certify that I am applying for this license in order to start or open a small business in the Commonwealth of Pennsylvania as defined above, that I am a veteran or reservist as evidenced by the attached documentation, and that at least 51% of the ownership of the small business is veteran- or reservist-owned.

Signature of veteran/reservist applicant

Date

Printed name of veteran/reservist applicant

** Use additional sheets as necessary for each veteran/reservist owner

APPLICANT'S CERTIFICATION

By submitting this information, I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

(Owner/Shareholder's Signature) (Date)

(Owner/Shareholder's Signature) (Date)

(Owner/Shareholder's Signature) (Date)

(Owner/Shareholder's Signature) (Date)