

Louisiana Cemetery Board
3445 N. Causeway Blvd., Suite 509
Metairie, LA 70002-3758
Telephone (504)838-5267 – Toll Free 1-866-488-5267 - Fax (504)838-5289
Website: www.lcb.state.la.us

Application for EXEMPT Certificate of Authority

(Exempt pursuant to R.S. 8:78)

1. Name of Applicant: _____
2. Mailing Address of Applicant: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
3. D/B/A or Trade Name of Cemetery: _____
4. Physical Address of Cemetery: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
5. Mailing Address of Cemetery: _____
City: _____ Parish: _____ State: _____ Zip Code: _____
6. Telephone Number of Cemetery: _____ Fax Number of Cemetery: _____
E-mail address of Cemetery: _____
7. Please provide the following information:
 - a) Total acreage of cemetery: _____
 - b) Acres developed: _____
 - c) Acres undeveloped: _____
8. Was the *Applicant* named above in existence and operating on July 31, 1974? YES: _____ NO: _____
9. Is the *Applicant* name above an Individual _____, Partnership _____, Association _____, Trust _____, Corporation _____ Limited Liability Company _____, or Other _____ (*specify*). (*Check one*)
10. If a Corporation or Limited Liability Company:
 - 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) Name and address of Registered Agent for Service of Process: _____

11. Will the cemetery be or has it been operated as a perpetual or endowed care cemetery? YES: _____ NO: _____
 - a) If YES, has the applicant complied with the requirements of R.S. 8:451-467, inclusively? YES: _____ NO: _____
 - b) In "NO" explain: _____
 - c) Amount of initial deposit to fund, if required: _____
 - d) Proposed rate of future contributions: _____
 - e) Name and address of Trustee: _____

12.
 - a) Will the cemetery sell or has it sold cemetery related merchandise, such as, burial vaults, grave liners, urns, memorials, vases, foundations, memorial bases and similar merchandise *pre-need*? YES: _____ NO: _____
 - b) If your answer to 12a is "YES" will you deliver or store all merchandise within one hundred twenty (120) days of entering into the contract for the sale of such merchandise? YES: _____ NO: _____
 - c) If your answer to 12b is "YES" will you store *pre-need* merchandise at the cemetery or with a supplier? Cemetery _____ Supplier _____ If you are storing *pre-need* merchandise with a Supplier(s), please provide name and address of Supplier(s): (*attach additional sheets, if necessary*) _____

 - d) If your answer to 12b is "NO" have you established a Merchandise Trust Fund? YES: _____ NO: _____
13.
 - a) Will the cemetery sell or has it sold cemetery related services commonly sold and used in cemeteries, such as, openings and closings, and memorial installation fees *pre-need*? YES: _____ NO: _____
 - b) If your answer to 13a is "YES" have you established a Merchandise Trust Fund? YES: _____ NO: _____

(All merchandise and services not delivered or stored within 120 days after entering into such contract must be trusted, including those contracts that are financed.)

14. If the answer to 12d or 13b is "YES" please provide the following regarding the Merchandise Trust Fund:
- a) Has the applicant complied with the requirements of R.S. 8:501-511, inclusively? YES: _____ NO: _____
 - b) If "NO" explain: _____
 - c) Proposed rate of contributions: _____
 - d) Name and address of Trustee: _____
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15. 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: _____
16. Has the *Applicant* had a license, registration or the equivalent, to practice any profession or occupation, or engage in, operate or conduct any business, denied, revoked, suspended, or otherwise acted against? YES: _____ NO: _____
 _____ If "YES" please provide details on a separate sheet.

CERTIFICATION

I/We hereby affirm that the information contained herein is true and correct. ***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 the Applicant is an association, non-profit corporation, or non-profit LLC.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20_____.

NOTARY PUBLIC

Name of Applicant

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