

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

Application for Certificate of Authority

(Pursuant to R.S. 8:70)

1. Name of Cemetery Authority: _____
(Corporation or Limited Liability Company)
2. Mailing Address of Cemetery Authority: _____
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. Name, title, address, and telephone number of person completing this form to whom information or correspondence regarding this application should be directed: _____

8. Please provide the following information:
 - a) Total acreage of cemetery: _____
 - b) Acres developed: _____
 - c) Acres undeveloped: _____
9. Was the *Cemetery Authority* named above in existence and operating on July 31, 1974? YES: _____ NO: _____
10. Is the *Cemetery Authority* named above an individual _____, Partnership _____, Association _____, Trust _____, Corporation _____, Limited Liability Company _____, or Other _____ (specify).
(Check one)
11. 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) Is the cemetery authority publicly-traded? YES: _____ NO: _____
 - d) Name and address of Registered Agent for Service of Process: _____

12. Is the *Cemetery Authority* named above currently, or has it in the past operated one or more cemeteries in any state other than Louisiana? YES: _____ NO: _____ If YES, list each below: (attach additional sheets, if necessary)

Name of Cemetery: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____

Name of Cemetery: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____

Name of Cemetery: _____
Address: _____
City: _____ County: _____ State: _____ Zip Code: _____

19. Has the *Cemetery Authority* been the subject of a criminal prosecution or governmental enforcement action in any jurisdiction? YES: _____ NO: _____
 a) If YES, explain nature, status and resolution, if resolved. _____
-
20. Has the *Cemetery Authority* 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 19 & 20 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS – AND DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).

CERTIFICATION

Application is hereby made for a license, as provided for in R.S. 8:70 to engage in the business of a cemetery. I/We hereby affirm that the information contained herein is true and correct and acknowledge that any misstatement may cause the Louisiana Cemetery Board to initiate proceeding against the licensee and agree that the Louisiana Cemetery Board may institute a background check of the Cemetery Authority and its officers, directors, partners, joint venturers, owners and any other person or entity included in this application. ***This application must be executed by each owner, partner, stockholder, and/or member holding 10% or more, or a majority of the officers, directors, and/or LLC managers of the Cemetery Authority if publicly-traded.***

SWORN TO AND SUBSCRIBED before me this

_____ day of _____ 20_____.

 Name of Cemetery Authority

 Signature/Title

 NOTARY PUBLIC

 Signature/Title

 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