

# 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](http://www.lcb.state.la.us)

## APPLICATION FOR LICENSE AS A

Cemetery Sales Organization \_\_\_\_\_

Cemetery Management Organization \_\_\_\_\_

(Check appropriate one)

(Pursuant to R.S. 8:402)

1. Name of *Applicant*: \_\_\_\_\_  
(Corporation or Limited Liability Company)
2. Mailing Address of *Applicant*: \_\_\_\_\_  
City: \_\_\_\_\_ County/Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. D/B/A or Trade Name of *Applicant*: \_\_\_\_\_
4. 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 applicant publicly-traded? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
d) Name and address of Registered Agent for Service of Process: \_\_\_\_\_  
\_\_\_\_\_
5. Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail address: \_\_\_\_\_
6. Name, title, address, and telephone number of person completing this form to whom information or correspondence regarding this application should be directed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Is the *Applicant* named above currently operating a Cemetery Sales or Management Organization in any state other than Louisiana? YES: \_\_\_\_\_ NO: \_\_\_\_\_ If YES, list each state: \_\_\_\_\_
8. List below each cemetery in Louisiana which the *Applicant* has a current or proposed contract for Cemetery Sales and/or Management: *(attach additional sheets, if necessary)*  
  
Name of Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Name of Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Name of Cemetery: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
9. 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: \_\_\_\_\_

Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Name: \_\_\_\_\_  
Title or position: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

10. Has the *Applicant* 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. \_\_\_\_\_  
\_\_\_\_\_

11. Has the *Applicant* 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 10 & 11 ABOVE, ATTACH DETAILS AND PROVIDE COPY OF ALLEGATIONS - AND PROVIDE DOCUMENTATION OF THE FINAL DISPOSITION OF THE CASE(S).**

**CERTIFICATION**

Application is hereby made for a license, as provided for in R.S. 8:402 to engage in the business of a Cemetery Sales or Management Organization. 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 proceedings against the licensee and agree that the Louisiana Cemetery Board may institute a background check of the Applicant 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 Applicant if publicly-traded.***

SWORN TO AND SUBSCRIBED before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Signature/Title

PLEASE RETURN THIS FORM TO:  
**Louisiana Cemetery Board**  
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