



CATHY COX
Secretary of State

SECURITIES AND BUSINESS REGULATION
2 Martin Luther King, Jr. Drive, S.E.
Ste 802, West Tower
Atlanta, Georgia 30334
404-656-3920
<http://www.sos.state.ga.us/securities/>

TONYA CURETON CURRY
Director

**APPLICATION FOR REGISTRATION
OF PRENEED DEALER
GEORGIA CEMETERY AND FUNERAL SERVICES ACT OF 2000
(O.C.G.A 10-14-1 ET SEQ.)**

Initial Application Fee \$250 _____ Amendment (no charge)

A. GENERAL INFORMATION

Name of Applicant

Address	City/County	State	Zip Code
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Mailing Address	City/County	State	Zip Code
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Telephone Number for applicant's principal business location in Georgia

**Location of all records of applicant which relate to preneed sales in Georgia:
(Attach additional sheets as necessary)**

Address of records	City/County	State	Zip Code
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Person to contact about application:	Contact Phone Number:
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Jurisdiction of organization of applicant:	Date of Formation:
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**Provide the following information for all locations where preneed business is conducted in Georgia
(attach additional sheets as necessary):**

Business location of preneed dealer if different from applicant address

City	County	State	Zip Code
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Mailing address of preneed dealer if different from applicant address

City	County	State	Zip Code
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Telephone Number of preneed dealer if different from applicant's

Trade Name associated with each location

B. OWNERSHIP

Date present owner(s) took control:

If applicant is a **CORPORATION**, attach list of officers, registered agent, and address and telephone numbers of each.

If applicant is a **PARTNERSHIP**, attach list of general partners along with address and telephone numbers of each.

If applicant is **OTHER ENTITY**, attach list of individuals of similar authority along with address and telephone numbers and indicate type of entity.

C. PRENEED ESCROW ACCOUNT

Proposed Name of Escrow Agent	Phone Number		
Address	City/County	State	Zip Code

Depository Section:

Provide all information regarding proposed aggregated escrow account(s).

Proposed Depository	Phone Number		
Account Name	Account Number		
Address	City/County	State	Zip Code

Proposed Depository	Phone Number		
Account Name	Account Number		
Address	City/County	State	Zip Code

D. THE FOLLOWING DOCUMENTS MUST BE FILED OR ON FILE WITH THE OFFICE OF SECRETARY OF STATE

	Attached	On File	N/A
1. A list with the name and address of each person who owns 10% or more of any class of ownership interest in the applicant and the percentage of such interest .			
2. Certified copy of a certificate of existence or certificate of authority issued in accordance with code section 14-2-128, if applicant is a corporation, and any amendments to such documents or any substantially equivalent documents			
3. Partnership agreement			
4. A description of any judgment or pending litigation to which the applicant or any affiliate of the applicant is a party and which involves the operation of the cemetery or the preneed business in Georgia or which could materially affect the business or assets of the applicant			
5. Whether the applicant or any affiliate of the applicant owns any other entities in Georgia regulated by this chapter and, if so, the location, mailing address, telephone number, and type of registration of such other entities			
6. Consent to service of process (Corporate or Individual)			
7. Director's resolution authorizing consent to service of process			
8. A balance sheet of the applicant for the end of the most recent fiscal year and in no event dated more than 15 months prior to the date of filing			
9. If preneed contracts are funded other than through an aggregated escrow account, attach a statement explaining how they are funded and the name(s) of the institution(s) such contracts are funded through			
10. A list of each individual employed, appointed, or authorized by the applicant to offer for sale or to sell any grave lots, burial rights, burial or funeral merchandise, or burial services on behalf of the applicant			

E. BACKGROUND INFORMATION

All yes answers to the following questions must be fully explained as an attachment.
Each explanation should be referenced to a specific question number.

	Yes	No
1. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been adjudicated civilly or criminally, to have committed fraud or to have violated any law of trade or business practices?		
2. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been convicted of a misdemeanor of which fraud is an essential element or which involves any aspect of the funeral or cemetery business?		
3. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, ever been convicted of a felony?		
4. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, engaged in any unethical or dishonest practices in the funeral or cemetery business?		
5. Has the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, been permanently or temporarily enjoined, suspended, or barred by any court of competent jurisdiction or by any state or other jurisdiction from engaging in or continuing any conduct or practice involving any aspect of the funeral or cemetery business?		
6. Is the applicant, individual owner, partner, corporate owner, or person who owns controlling interest of the corporate owner, currently insolvent or the debtor in any petition currently pending pursuant to any chapter of the United States Bankruptcy Code?		

I hereby certify that the information contained in this application and the supporting documents attached hereto are true and correct to the best of my knowledge and belief.

Signature:	Print Name:
Title (General Partner, President, or other Executive Officer):	
Notary Public:	My Commission Expires:



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F. CRIMINAL HISTORY BACKGROUND AUTHORIZATION

Attach additional sheets if necessary.
The applicant must provide the following information on each person who owns controlling interest of the applicant, or preneed dealer.
Make additional copies of this form as needed.
(Please type or print)

Name:		
Title:		
Address:		
City:	State:	Zip Code:
Date of Birth:	Social Security Number:	

The person named above authorizes the Office of Secretary of State to conduct a criminal history background.

This	Day of	200
Signature of applicant above:		
Notary Public:	My Commission Expires:	