STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

OFFICE OF ENDOWED CARE CEMETERIES
PO BOX 1335
JEFFERSON CITY, MO 65102
TELEPHONE: 573-751-0849
https://pr.mo.gov/endowedcare.asp
endocare@pr.mo.gov

I OWNER'S INFORMATION

NAME	TELEPHONE NUMBER	E.I.N./SOCIAL SECURITY NO.*

ADDRESS (STREET, CITY, STATE, ZIP CODE)

IF THE CEMETERY IS OWNED BY A CORPORATION, PLEASE PROVIDE THE NAMES OF THE CONTROLLING OWNERS OF THE CORPORATION IN THE SPACE BELOW.

II OPERATOR'S INFORMATION (IF DIFFERENT THAN OWNER)

NAME	TELEPHONE NO.	E.I.N./SOCIAL SECURITY NO.*

ADDRESS	CITY	STATE	ZIP CODE

III CEMETERY INFORMATION

NAME	EMAIL	TELEPHONE NO

CEMETERY PHYSICAL ADDRESS	CITY	STATE	ZIP	CONTACT AT
				☐ Business ☐ Mailing

MAILING ADDRESS	CITY	STATE	ZIP

TYPE OF CEMETERY

☐ ENDOWED - LICENSING FEE - $250.00 ☐ NONENDOWED - LICENSING FEE - $100.00

☐ EXEMPT (As defined in Section 214.270(4), check category below.)

☐ GOVERNMENT ☐ RELIGIOUS ☐ MUNICIPALITY ☐ FRATERNAL ☐ CEMETERY ASSOCIATION

PLEASE PROVIDE A LEGAL DESCRIPTION OF THE CEMETERY. ATTACH ADDITIONAL SHEETS IF NECESSARY.

IV ENDOWED CARE FUND INFORMATION (COMPLETE ONLY IF OPERATING AS AN ENDOWED CARE CEMETERY)

DOES THE CEMETERY HAVE A TRUST FUND ESTABLISHED?	ACCOUNT NUMBER(S)
☐ YES ☐ NO	
IF NO, ARE THE FUNDS SET-ASIDE IN A SEGREGATED BANK ACCOUNT?	ACCOUNT NUMBER(S)
☐ YES ☐ NO	

NAME OF STATE OR FEDERALLY CHARTERED INSTITUTION WHERE TRUST/FUNDS ARE LOCATED.

TRUST OFFICER/ATTORNEY (IF APPLICABLE)	MISSOURI BAR NO.	TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE
LOCATION OF FINANCIAL RECORDS / ADDRESS	CITY	STATE	ZIP CODE

FISCAL YEAR OF TRUST (IF DIFFERENT THAN CALENDAR YEAR)

FROM TO

*You must provide your social security number pursuant to state law. Your social security number may be used for the following purposes: a) to identify you in record keeping and information exchanges with state agencies (Missouri and other states), federal agencies and other data sources; b) to make criminal history checks and to verify all information provided in the application; c) to the Division of Child Support Enforcement of the Department of Social Services and d) to the Department of Revenue pursuant to Section 324.010 RSMo. Discovery of false information in the application or discovery of relevant criminal history may result in denial of your application.

V MONUMENT, MARKERS OR MEMORIAL FUND INFORMATION

DOES THE CEMETERY SELL MONUMENTS, MARKERS OR MEMORIALS?

☐ YES ☐ NO

DOES THE CEMETERY DEFER DELIVERY OF MONUMENTS, MARKERS, OR MEMORIALS?

☐ YES ☐ NO

DOES THE CEMETERY HAVE A SEGREGATED BANK ACCOUNT ESTABLISHED PURSUANT TO SECTION 214.387, RSMO?	ACCOUNT NUMBER
☐ YES ☐ NO	

VI IMPORTANT: EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND ATTACHED HERETO

1. Has the applicant previously applied for licensure as a cemetery owner and/or operator in this or any other state or territory? If yes, attach a list of each state or territory and the application date. ☐ YES ☐ NO
2. Is the applicant currently licensed in any other state or territory as a cemetery owner and/or operator? If yes, attach a list of licenses currently held and a statement of whether the license is in good standing. ☐ YES ☐ NO
3. Has disciplinary action ever been taken against the license, certificate or registration of the applicant as a cemetery owner and/or operator in this or any other state or territory, including but not limited to, revocation, suspension or probation? If yes, explain fully. ☐ YES ☐ NO
4. Has applicant ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution pursuant to the laws of any state or of the United States, whether or not sentence was imposed? If yes, explain fully. ☐ YES ☐ NO
5. Within the last five (5) years, has applicant been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, to any traffic offense resulting from or related to the use of drugs or alcohol? If yes, explain fully. ☐ YES ☐ NO
6. Has the applicant been adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in any criminal or administrative proceeding arising from the violation of any municipal or county ordinances related to the care, maintenance or operation of a cemetery? If yes, explain fully. ☐ YES ☐ NO
7. Has the cemetery ever been subject of any proceedings arising from the violation of any municipal or county ordinances related to the care, maintenance or operation of a cemetery? If yes, explain fully. ☐ YES ☐ NO
8. Is the applicant currently or has the applicant in the past five (5) years been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances? If yes, explain fully. ☐ YES ☐ NO
9. Is the applicant now being treated or has the applicant in the past five (5) years been treated through a drug or alcohol rehabilitation program? If yes, explain fully. ☐ YES ☐ NO

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ Yes ☐ No
2. If yes, would you like to receive information and assistance regarding veterans benefits and services? ☐ Yes ☐ No
3. If yes, may the agency share your contact information with the Missouri Veterans Commission to provide such information? ☐ Yes ☐ No

General information may also be found at the Missouri Veterans Commission's website.

SIGNATURE

MUST BE SIGNED IN PRESENCE OF NOTARY

NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)		

OFFICE USE ONLY

LICENSE NUMBER	PRE-LICENSE NUMBER	DATE ISSUED	
FEE RECEIVED	DATE DEPOSITED	CHECK NUMBER	INITIALS