



WASHINGTON STATE DEPARTMENT OF
LICENSING

Cemetery Prearrangement Sales License Application

Apply for a license to pre-sell opening/closing, setting fees, liners, vaults, burial receptacles, markers, completion dates or markers, vases, cremation services, urns, undeveloped niches, crypts, lots, or any other undelivered cemetery goods or services.

Online: <https://professions.dol.wa.gov>

Or mail this completed form, a detailed narrative of the sales program to be used, and a **check or money order for \$250** (payable to Department of Licensing) to:

**Funeral and Cemetery Board
Department of Licensing
PO Box 3777
Seattle, WA 98124-3777**

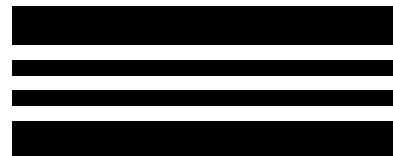
For questions or language help call: (360) 664-1555

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity _____ Total \$ _____



TYPE or PRINT Full name of applying firm			
Email		Applicant name (<i>Owner/President</i>)	
Street address			
City	State	ZIP code	(Area code) Phone number
Full name of corporation, if different from above			
Street address			
City	State	ZIP code	(Area code) Phone number
Military? (<i>check if applicable</i>) Current or former: <input type="checkbox"/> Military member <input type="checkbox"/> Military spouse or domestic partner			
Type of business entity <input type="checkbox"/> Profit corporation <input type="checkbox"/> Non-Profit association <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____			
Applicant has operated the firm since		Date firm was incorporated	
Types of prearrangements to be sold			
<input type="checkbox"/> Opening/Closing	<input type="checkbox"/> Setting fees	<input type="checkbox"/> Vaults or liners (other containers)	
<input type="checkbox"/> Markers	<input type="checkbox"/> Date completion (scroll, death date)	<input type="checkbox"/> Vases	
<input type="checkbox"/> Cremation services	<input type="checkbox"/> Niches—undeveloped	<input type="checkbox"/> Urns	
<input type="checkbox"/> Mausoleum crypts—undeveloped	<input type="checkbox"/> Lots/Graves—undeveloped (including lawn crypts)	<input type="checkbox"/> Other: _____	
Depository of prearrangement trust fund – Name of bank			
Street address			
City	State	ZIP code	(Area code) Phone number
Name of bank			
Street address			
City	State	ZIP code	(Area code) Phone number

Funding option to be used <input type="checkbox"/> A. Funding the first 50% collected from sale <input type="checkbox"/> B. Funding 50 cents of each dollar collected from sale <input type="checkbox"/> C. Funding the last 50% collected from sale (bond required) – complete the following section.			
(Option "C" only) Bonding agency name		Name of agent	
Street address			
City	State	ZIP code	(Area code) Phone number
How was the value of the bond calculated (Previous sales volume, projections, etc.)?			
Attach a detailed narrative of the sales program to be used including number of salespersons, prospecting and sales methods, sales philosophy. Also, attach samples of all brochures, print media and radio advertising, and direct-mail letters that may be used in the course of the sales program.			
Additional comments or information that may be useful to the Board in determining the applicant's qualifications			
Name, business and residence address of owners, partners, members of the board of directors and officers of the corporation or association, trustees, and general manager. List additional names on a separate sheet and attach to this application.			

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

	TYPE or PRINT Name of principal officer
	X Signature of principal officer

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

If you wish to pre-sell opening/closing, setting fees, liners, vaults, burial receptacles, markers, completion dates or markers, vases, cremation services, urns, undeveloped niches, crypts, lots, or any other undelivered cemetery goods or services you must complete this application and be granted a license before making such sales in the state of Washington.

All questions are to be answered as fully as possible. If additional space is needed, you may add additional pages.

- **Full name of applying firm:** Give the full name of the firm that will be making prearrangement sales. The applicant is the owner or chief officer of the applying firm. Telephone number is to be a day phone.
- **Full name of corporation, if different:** Provide corporation name, if different from the firm name above. If the corporation is owned by a holding company, disclose the holding company name here.
- **Location of cemetery or firm:** List an address that can be visited within the state of Washington by persons buying pre-sold items, if different from the Applying Firm's address above.
- **Type of business entity:** Mark the box describing your type of business.
- **Applicant has operated the firm since:** List the number of years the applicant has operated the firm.
- **Date firm was incorporated:** List the incorporation date – not the cemetery founding date.
- **Types of prearrangements to be sold:** Mark the appropriate boxes of all items that the applicant expects to pre-sell. If a license is granted, it will be only for the items listed on the application at the time of Board consideration. Annual renewals offer the same choices which can be added or removed, as the applicant chooses.
- **Depository of prearrangement trust fund:** List all depositories (banks) that are to be used for holding prearrangement trust funds.
- **Funding option to be used:** Select only one funding option. Funds collected subject to trust deposit are due in the depository no later than the twentieth (20th) day of the month following receipt. If option "C" is selected, the applicant must submit a bond with the application which runs to the state of Washington. Value or amount of the bond is to be the maximum unfunded liability in prearrangement sales estimated for one year. Example: If \$10,000 in sales are made during a year, what will be the maximum dollar amount subject to trust within the receivables and cash in transit at any given time?
- **Bonding agency name:** Provide the name of the agency from which the bond is purchased, and the agent's name.
- **How was the value of the bond calculated?:** Explain how the amount or value of the bond was arrived at. Follow the example given in "Funding Option to be Used" above. Use dollar amounts in the explanation.
- **Attach a detailed narrative of the sales program to be used:** The narrative should plainly describe the sales program envisioned. The Board wants to know what it is you plan to do.
- **Additional comments or information that may be useful to the board in determining the qualifications of the applicant:** Items such as a background in cemeteries, sales, accounting, etc. would be most helpful.
- **Name, business and residence address of...:** List all persons involved in ownership. If there are more than seven (7) owners, list officers and/or persons that control the company. List the manager, if different from the owners.
- **Signature:** The applicant must complete this section before a notary public.

Questions? Please call (360) 664-1555, Monday - Friday, 8:00 am - 5:00 pm for assistance.