



**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  
<http://pr.mo.gov/endowedcare.asp>  
[endocare@pr.mo.gov](mailto:endocare@pr.mo.gov)

**I APPLICANT INFORMATION**

NAME	TELEPHONE NUMBER	E.I.N./SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
PLEASE DESIGNATE WHETHER YOU ARE THE CEMETERY OWNER AND/OR OPERATOR <input type="checkbox"/> Owner <input type="checkbox"/> Operator			

**II CEMETERY INFORMATION**

NAME	COUNTY	TELEPHONE NO
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TYPE OF CEMETERY <input type="checkbox"/> ENDOWED - LICENSING FEE - \$250.00 <input type="checkbox"/> NONENDOWED - LICENSING FEE - \$100.00 <input type="checkbox"/> EXEMPT (As defined in Section 214.270(4), check category below.) <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> MUNICIPALITY <input type="checkbox"/> FRATERNAL <input type="checkbox"/> CEMETERY ASSOCIATION		
PLEASE PROVIDE A LEGAL DESCRIPTION OF THE CEMETERY. ATTACH ADDITIONAL SHEETS IF NECESSARY.		

**III OWNER'S INFORMATION (IF DIFFERENT THAN THE APPLICANT)**

NAME	TELEPHONE NO.	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.		

**IV OPERATOR'S INFORMATION (IF DIFFERENT THAN THE APPLICANT)**

NAME	TELEPHONE NO.	E.I.N./SOCIAL SECURITY NO.*	
ADDRESS	CITY	STATE	ZIP CODE

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

DOES THE CEMETERY HAVE A TRUST FUND ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNT NUMBER(S)		
IF NO, ARE THE FUNDS SET-ASIDE IN A SEGREGATED BANK ACCOUNT? <input type="checkbox"/> YES <input type="checkbox"/> NO	ACCOUNT NUMBER(S)		
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) <b>FROM</b> _____ <b>TO</b> _____			

\*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.

**VI 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?

 YES  NO

ACCOUNT NUMBER

**VII 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](mailto:income@dor.mo.gov).**

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)