

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 PREPAID FUNERAL AND CEMETERY SALES REGULATION
 P.O. Box 30018, Lansing, MI 48909
 517-373-8376
 www.michigan.gov/prepaidfuneral

| Office Use Only | |
|-----------------|----------------|
| Approved By: | Date Approved: |
| I.D. Number: | |

PREPAID FUNERAL AND CEMETERY CONTRACT SELLER/PROVIDER REGISTRATION, REREGISTRATION AND REINSTATEMENT APPLICATION

AUTHORITY: P.A. 255 of 1986, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

| |
|------------------------------------|
| TOTAL FEE DUE: \$120.00 |
|------------------------------------|

| Check Type of Ownership | Check Reason for Application | |
|---|--|--|
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership/Limited Liability Partnership <input type="checkbox"/> Limited Liability Company/PLLC <input type="checkbox"/> Corporation | <input type="checkbox"/> Ownership Change - In the case of an ownership change, a Contract Sale/Assignment Agreement form must be attached to application (BCS-LFC-0201 & 0202 forms) <input type="checkbox"/> New Business <input type="checkbox"/> Reinstatement | |
| Name Under Which Business Will Be Operated (Assumed Name/DBA - if applicable) | | Daytime Telephone Number |
| Name of Person Completing This Application | | If applying as an individual, enter Social Security Number. If applying as a business, enter Federal I.D. Number |
| Complete Mailing Address (Number, Street, City, State and ZIP) | | |
| Each Business Address/Location Where Books and Records Are Kept (Number, Street, City, State, and ZIP) - Attach additional sheets, if necessary. | | |

SOLE PROPRIETORSHIP, CORPORATION, LIMITED LIABILITY COMPANY, PROFESSIONAL LIMITED LIABILITY COMPANY, PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP INFORMATION

Include all Partners, Members, Officers, Directors, and each Shareholder holding 10% or more interest in the business. Attach additional sheets, if necessary.

| | | |
|---|--------------------------|---|
| Name (Last, First, Middle) | Social Security Number | Type of License/Registration Held: <input type="checkbox"/> None <input type="checkbox"/> Cemetery <input type="checkbox"/> Mortuary Science |
| Complete Address (Number, Street, City, State, and ZIP) | Position Held | |
| Telephone Number | E-Mail Address | Cemetery or Mortuary Science License/Registration Number: |
| | _____ % of Interest Held | |
| Name (Last, First, Middle) | Social Security Number | Type of License/Registration Held: <input type="checkbox"/> None <input type="checkbox"/> Cemetery <input type="checkbox"/> Mortuary Science |
| Complete Address (Number, Street, City, State, and ZIP) | Position Held | |
| Telephone Number | E-Mail Address | Cemetery or Mortuary Science License/Registration Number: |
| | _____ % of Interest Held | |

FEE PAYMENT INFORMATION (Check Appropriate Box)

FOR OFFICE USE ONLY - VALIDATION

| | | |
|--|---------------|-----------|
| <input type="checkbox"/> New Registration (New Business or Ownership Change) | Fee: \$120.00 | (3401-01) |
| <input type="checkbox"/> Reregistration (Within 60 days after expiration) (Must submit Annual Report - Form BCS/LFC-100, unless it has already been submitted to Bureau's Audit Section) | Fee: \$120.00 | (3401-01) |
| <input type="checkbox"/> Reinstatement (Required if 61 days after expiration date of registration) | Fee: \$120.00 | (3401-01) |

Make your check or money order in U.S. Currency payable to:
STATE OF MICHIGAN

FEES ARE NOT REFUNDED EXCEPT UNDER R338.943 AND R338.944.

Note: For purposes of this application, the term "applicant" refers to the following person that was or is presently owner with a substantial interest in the entity, a partner, an employee of a person whose registration was revoked or suspended within two years before the date of the current application for registration, or the person who was engaged in, participated in, or authorized the misconduct that was the basis for a revocation or suspension.

Has the applicant ever held a Mortuary Science license?

- Yes - License Number: 4501- _____ Expiration Date: _____
- No

Has the applicant ever held a Funeral Establishment license?

- Yes - License Number: 4502- _____ Expiration Date: _____
- No

Has the applicant ever been registered under the Cemetery Regulation Act?

- Yes - Registration Number: 2201- _____ Expiration Date: _____
- No

Will the applicant provide the contracted services and/or merchandise?

- Yes
- No - Who will provide the services/merchandise: _____

Has the applicant ever been registered as a seller/provider?

- Yes - Registration Number: 3401- _____ Expiration Date: _____
- No

Has the applicant ever sold any prepaid contracts?

- Yes
- No

If yes, has the applicant assumed any contracts from another registrant?

- Yes - Registration Number of Former Registrant: 3401- _____ Expiration Date: _____
- Name of Former Registrant: _____
- (Must submit Assignee/Assignor Notification forms with application - Forms BCS-LFC-0201 & 0202)**
- No

Has the applicant ever been convicted of a felony?

- Yes -Download the form BCS/LCE-020 "Request for Conviction History of Applicant". The form can be downloaded and completed to accompany this application. See www.michigan.gov/prepaidfuneral and select Forms & Publications. The form must be included to avoid delays in processing your application. No

Has the applicant or manager ever had disciplinary action taken against any license, registration, certificate or permit now held or has ever been held? (includes but is not limited to final orders, suspensions, revocations, denial, cease and desist order, etc.)

- Yes - Download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See www.michigan.gov/prepaidfuneral and select Forms & Publications. The form must be included to avoid delays in processing your application. No

ESCROW INFORMATION - Note: Insurance companies and management companies do not qualify as escrow agents.

- List the names and addresses of any escrow agents with whom you have deposited funds (reinstatement applicant) or will be depositing funds (new registration applicant) under the Prepaid Funeral and Cemetery Sales Act (P.A. 255 of 1986, as amended)
- Attach a copy of the escrow agreement**
- Any changes to the escrow agent must be sent to the Department within 30 days of the change

What type of contracts will be sold?

- Guaranteed Non-Guaranteed Irrevocable

| Escrow Agent Name | Complete Address |
|-------------------|------------------|
| | |
| | |
| | |
| | |

CERTIFICATION

I, on behalf of the applicant, hereby state that 30 days prior to the first sale of a prepaid contract, I will have an agreement with an escrow agent in compliance with Section 7 of P.A. 255 of 1986 with whom I will deposit funds. Furthermore I have read the Prepaid Funeral and Cemetery Sales Act. I also certify that the statements in this application are true and correct. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my registration, or may be punishable by law. I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application. I further authorize the Department or its agents to examine my books and records at the Department's discretion.

Sole Proprietorship { _____
Signature Date Signed

Corporation, LLC, PLLC, Partnership, LLP
(appropriate business officials who are
authorized to sign for entity)



Officer, Managing Member, Partner Date Signed

Officer, Managing Member, Partner Date Signed

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.