



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

APPLICATION FOR LICENSE TO SELL PRENEED FUNERAL CONTRACTS

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. §§ 32-7-10 et seq.

www.consumer.sc.gov

803-734-4291/800-922-1594/803-734-4229 FAX

Street Address

2221 Devine St., Suite 200
Columbia, SC 29205

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

Name of Funeral Home: _____ Funeral Home License No. _____

Street Address of Funeral Home: _____

Mailing Address of Funeral Home: _____

Name of Funeral Director: _____ Director License No. _____

Director's Residence Address: _____

Telephone, Fax, and Email of Funeral Home: _____ Hours of Operation: _____

List the names and addresses, both residence and place of business, of every member, officer or director of the Funeral Home.

Name & Official Title	Residence Address	Business Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the funeral home named as a defendant in any lawsuit? Yes No If the answer is yes, provide names of the plaintiffs, amount sued for, nature of or basis for litigation, and expected result (Attach a separate statement if necessary).

Have you ever had any funeral service or preneed license denied, suspended, revoked, surrendered or have you ever been disciplined by licensing authorities in this or any other state or jurisdiction. Yes No If yes, attach a separate statement giving complete details.

Are you presently subject to any judgment or liens? Yes No If the answer is yes, provide details.

Has any monetary payment, including the sale of preneed insurance, ever been accepted at this location for the purpose of furnishing or providing future services or funeral merchandise? Yes No If yes, you are required to furnish the names, dates, and amounts of funds accepted (attach a separate statement if necessary).

Have any verbal or written agreements been made and/or payment accepted for future goods or services? Yes No If yes, you are required to furnish the names, dates, and amounts of funds accepted (attach a separate statement if necessary).

Is your funeral home incorporated? Yes No

Is your funeral home registered with the South Carolina Secretary of State's Office? Yes No

If yes, how is your name registered? _____

Is your funeral home owned by a holding company or another corporation? Yes No

If yes, please provide details:

Name of holding company: _____

Address: _____

Contact person: _____ Telephone No. _____ - _____

Number of services that you performed in the previous calendar year: _____

How many preneed contracts do you expect to sell in a year if you are licensed? _____

Also Enclosed:

Filing Fee (\$250.00)

Financial Statement

Credit Report

Release Authorization

Bond or Letter of Credit

Insurance
Company or Bank: _____

Number: _____

Original or certified, true copy of Certificate of Existence if South Carolina corporation

or

The original or certified, true copy of Certificate of Authority to do Business in South Carolina if non-South Carolina corporation.

This is to certify that the above information is true and correct. **Note:** Any false or misleading answers to any application questions shall be grounds for revocation of the license.

Signature of Applicant

Date

SWORN to before me this _____ day of _____, A.D. 20____

Notary Public for South Carolina (L.S.)

My Commission Expires: _____