

**COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL**

PRE-NEED

SELLERS

LICENSE

APPLICATION

(CPN-6, #11-02)

**Return To:
Compliance and Registration Branch
Office of the Attorney General
Consumer Protection Division
1024 Capitol Center Drive, Ste. 200
Frankfort, Kentucky 40601-8204**

INSTRUCTIONS

You must submit a filing fee in the amount of \$50 with your license application. Checks should be made payable to the Commonwealth of Kentucky

A separate license application is required for each location

This application must be executed by each incorporator, principal stockholder owning ten percent (10%) of total shares, director, officer, and general manager associated with the corporation herein named, or, if a sole proprietorship or partnership, by all owners or general partners

The following documents must accompany each application:

- A certified copy of the Articles of Incorporation, Articles of Partnership, or a copy of your partnership agreement.**
- A copy of the By-Laws**
- A statement of the applicant's proposed plan of operation**
- If a foreign corporation, evidence of qualification to do business in Kentucky**
- A letter from the financial institution which has agreed to hold the trust fund account**
- If you are a new corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement including estimated receipts from all sources (including capitalization, sales, loans, etc.) and estimated expenditures for the next two (2) years.**

OR

- If you are an existing corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement for the past three (3) years showing assets, liabilities and reserves.**
- If this is a stock sale, a certificate of Good Standing from the Secretary of State is required.**

COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
1024 Capital Center Drive
Frankfort, KY. 40601-8204

DATE RECEIVED _____
FEE PAID _____
DATE REVIEWED _____
PNBL# _____

SCHEDULE A

GENERAL INFORMATION:

1. Name of funeral home, cemetery, or business selling preneed burial contracts:

2. Mailing address of funeral home, cemetery, or business selling preneed burial contracts:

3. Location of funeral home, cemetery, or business selling preneed burial contracts:

4. Telephone Number : _____ Fax: _____

5. Please furnish the name and address of the financial institution holding the business bank account.

Name: _____

Address: _____

Account Number: _____

** You must attach a letter from the financial institution that has agreed to hold the trust fund accounts.

6. Are you going to solicit the sale of preneed burial contracts by a home solicitation program?

- Yes*
- No

* If yes, are you familiar with Kentucky's Home Solicitation Law?

- Yes
- No--Please send me a copy.

7. Does the owning entity sell pre-need burial contracts at any other locations/businesses in Kentucky? State as to each.

Name: _____

Address: _____

Dates Operated: _____

You may attach additional sheets, as necessary.

8. Does the owning entity sell pre-need burial contracts in any other states in the U.S.? Please list below.

Name: _____

Address: _____

Dates Operated: _____

You may attach additional sheets, as necessary.

SCHEDULE B
CPN-6

You must complete either the corporate, the partnership or sole proprietorship section.

If applicant is an existing corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement for the last three years, showing assets, liabilities, and reserves.

If you are a new corporation, partnership, or sole proprietorship, attach a complete and detailed financial statement including estimated receipts from all sources (including capitalization, sales, loans, etc.) and estimated expenditures for the next two (2) years. Please attach a separate sheet.

If this is a stock sale, a Certificate of Good Standing from the Secretary of State is required.

1. CORPORATE INFORMATION:

Name of parent corporation _____

Date of application _____

State of incorporation _____

Corporate headquarters mailing
address _____

City, state and zip code _____

Kentucky business address (*if
different than cemetery/fh address*) _____

Kentucky business telephone
number _____

Name of resident process agent _____

Address of resident process agent _____

City, state and zip code _____

Tax identification number _____

List the name and address of each incorporator, principal stockholder (owning 10% or more), director, officer, and general manager stating as to each

Name _____

Title/Position _____

Resident Address _____

City, state and zip _____

Social Security Number _____

Name _____

Title/Position _____

Resident Address _____

City, state and zip _____

Social Security Number _____

Name _____

Title/Position _____

Resident Address _____

City, state and zip _____

Social Security Number _____

You may attach separate sheets, as necessary.

2. PARTNERSHIP INFORMATION:

Name _____

Address _____

City, state and zip _____

Position Held _____

Social Security Number _____

Name _____

Address _____

City, state and zip _____

Position Held _____

Social Security Number _____

Name _____

Address _____

City, state and zip _____

Position Held _____

Social Security Number _____

Name _____

Address _____

City, state and zip _____

Position Held _____

Social Security Number _____

3. SOLE PROPRIETORSHIP:

Name _____

Address _____

City, state and zip _____

Social Security Number _____

(Business Name)

I/we agree to deposit payments of money in compliance with Kentucky's cemetery and preneed funeral laws. I state under penalty of law that the above information is true to the best of my knowledge, and I agree to notify the Attorney General immediately of any change in the above information. I represent that I am not insolvent, nor have I conducted business in a fraudulent manner and that I am duly authorized to do business in this state. I agree that the license, if granted, may be denied, suspended or revoked in accordance with KRS 367.973. I state that I am authorized to complete this form on behalf of the business.

This the _____ day of _____, 20 ____.

All (incorporator, principal stockholder owning ten percent (10%) of total shares, director, officer, and general manager associated with the corporation herein named, or, if a sole proprietorship or partnership by all owners or general partners) must sign below. You may attach additional sheets as necessary.

Signature of Applicant

Title of Position Held

Signature of Applicant

Title of Position Held

Signature of Applicant

Title of Position Held

Signature of Applicant

Title of Position Held