

**COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL
OFFICE OF CONSUMER PROTECTION
COMPLIANCE AND REGISTRATION BRANCH
1024 CAPITAL CENTER DRIVE, SUITE 200
FRANKFORT, KENTUCKY 40601-8204**

**CREMATORY
AUTHORITY
LICENSE
APPLICATION
(FORM CR-5, #07-16)**

1. Every crematory operator and every person, firm, partnership, association, and corporation desiring to operate a crematory authority shall obtain a crematory authority license from the Attorney General at least thirty (30) days prior to opening for the purpose of conducting cremations.
2. This application form must be accompanied by a registration fee of \$100.00 payable to the Commonwealth of Kentucky. The application shall be signed by a person, officer or agent with authority to do so, under oath, and the signature shall be notarized.

GENERAL INFORMATION

- 1. Date of application: _____
- 2. Full Legal Name of Applicant: _____
- 3. Crematory Name (if different from Applicant): _____
- 4. Business telephone number: (_____)_____
- 5. Physical Address Of The Crematory: _____
City, County, State & Zip Code: _____
- 6. Crematory Authority's address (if different from Physical Address):

City, County, State & Zip Code: _____

OWNER INFORMATION

- 7. Please provide the following information regarding the form of organization (check one):
 Corporation, incorporated in the state of _____.
 Limited liability company, organized in the state of _____.
 Partnership, formed under the laws of the state of _____.
 Individual
 Other- please explain and indicate the state of formation: _____

- 8. Evidence of authority to transact business in the Commonwealth of Kentucky
 Provide a copy of the applicant's certificate of authority to transact business in the Commonwealth of Kentucky issued by the Kentucky Secretary of State; or
 Provide other evidence of authority to transact business in the Commonwealth of Kentucky, and describe the evidence: _____

9. Provide the following regarding every owner of the applicant, or if the applicant is a business entity every member, officer, and director of the applicant.

Name: _____
Position: _____
Home Address: _____
City, State & Zip Code: _____
Driver's License Number and State of Issuance: _____
Date of birth: _____

Name: _____
Position: _____
Home Address: _____
City, State & Zip Code: _____
Driver's License Number and State of Issuance: _____
Date of birth: _____

Name: _____
Position: _____
Home Address: _____
City, State & Zip Code: _____
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Date of birth: _____

Name: _____
Position: _____
Home Address: _____
City, State & Zip Code: _____
Driver's License Number and State of Issuance: _____
Date of birth: _____

FINANCIAL INFORMATION

10. Please provide one (1) financial reference. Financial institutions or industry suppliers are suitable financial references. Personal references shall not be used.

Name: _____
Street Address: _____
City, state and zip: _____
Account Number (if applicable): _____

11. Please furnish the name and address of the financial institution holding the applicant's business bank account.

Name: _____

Street Address: _____

City, state and zip: _____

Account Number: _____

12. Does the applicant intend to solicit the sale of pre-need burial contracts?

_____ Yes _____ No

(If yes, a completed application for a pre-need burial contract sellers license, Form CPN-6, shall be submitted with this application.)

13. A statement from your retort manufacturer shall be attached to this application. That statement shall include the following information:

- (a) The date on which the manufacturer delivered the retort;
- (b) Whether the manufacturer installed the retort and, if so, when the installation occurred;
- (c) Whether the retort was tested upon installation and, if so, the results of those tests.

14. By submitting this application, I represent, agree to, and state under penalty of law, the following:

- (a) The information provided in and with this application is true and correct to the best of my knowledge.
- (b) The applicant is required to notify the Attorney General immediately of any change in the information provided in and with this application and that KRS 367.97504(2) governs when a new license application form is required to be filed.
- (c) The applicant is not insolvent.
- (d) The applicant has not conducted business in a fraudulent manner.
- (e) The applicant is duly authorized to do business in the Commonwealth of Kentucky.
- (f) The applicant is in a position to commence operating a crematory and all relevant state and local permits required have been issued.
- (g) No final judgment or conviction for any crime involving moral turpitude has been entered against the applicant.

- (h) I understand that the license, if granted, may be denied pursuant to KRS 367.97504, and may be denied, suspended or revoked pursuant to KRS 367.97534.
- (i) I understand that, pursuant to KRS 367.97504(2), changes in the persons, firm, partnership, ownership, association, or corporate structure as originally named in this application render the license, if granted, void, and that the crematory authority shall file a new application before the changes shall be official.
- (j) I am authorized to complete this form on behalf of the applicant.

This the _____ day of _____, 20_____

Signature of Applicant

Title or position held

Subscribed, acknowledged, and sworn to before me on _____, 20_____.

Notary Public

My commission expires _____