



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
**SELLER APPLICATION**

STATE BOARD OF EMBALMERS AND  
FUNERAL DIRECTORS  
3605 MISSOURI BOULEVARD  
P.O. BOX 423  
JEFFERSON CITY, MO 65102  
TELEPHONE (573) 751-0813  
FAX (573) 751-1155  
TTY (800) 735-2966  
WEBSITE: <http://pr.mo.gov/embalmers.asp>

**FOR BOARD USE ONLY**

REPLACED REG. NO.

|                |                |
|----------------|----------------|
| REGISTRATION # | DATE ISSUED    |
| FEE RECEIVED   | DATE DEPOSITED |
| CHECK NO.      | INITIALS       |

**INSTRUCTIONS**

Use this form to apply for licensure as a seller of preneed contracts, pursuant to the provisions of Chapter 333 of the Revised Statutes of Missouri. . Mail completed, signed and notarized forms to: Missouri State Board of Embalmers and Funeral Directors, P.O. Box 423, Jefferson City, Missouri 65102. **Please attach additional sheets where applicable.**

If you have a disability and require accommodations addressed by the Americans with Disabilities Act, please notify this office at the time of application to insure that reasonable accommodations are made for your needs. Notification must be made in writing and mailed to the Missouri State Board of Embalmers and Funeral Directors, P.O. Box 423, Jefferson City, Missouri 65102. Notification of special needs must be received at least thirty (30) days in advance of any scheduled examination date. The text telephone number for the hearing impaired is (800) 735-2966.

**TYPE OF LICENSE: Please check the box that applies**

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> <b>New Application</b>                                                                                                                                                                              | <b>Fee: \$200 Application fee + \$10 Highway Patrol Background Check. Highway Patrol Background Check Fee must be submitted for all individuals listed in Section A, additional background check fees may be required.</b> |                                                                    |
| <input type="checkbox"/> <b>Amended Application</b>                                                                                                                                                                          | <b>Fee: \$25 Application fee + \$10 Highway Patrol Background Check. Highway Patrol Background Check Fee must be submitted for all individuals listed in Section A, additional background check fees may be required.</b>  |                                                                    |
| 1. NAME OF SELLER                                                                                                                                                                                                            | 2. TELEPHONE NUMBER                                                                                                                                                                                                        | 3. FAX NUMBER                                                      |
| 4. WILL THE APPLICANT DO BUSINESS UNDER ANOTHER NAME? IF SO, LIST D/B/A NAME (must be registered with Missouri Secretary of State).                                                                                          |                                                                                                                                                                                                                            | 5. E-MAIL                                                          |
| 6. PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP)                                                                                                                                                                               |                                                                                                                                                                                                                            |                                                                    |
| 7. MAILING ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP CODE)                                                                                                                                                               |                                                                                                                                                                                                                            | Person In Charge of Preneed Seller                                 |
| 8. TYPE OF ENTITY (PLEASE CHECK)<br><input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP (PLEASE LIST PARTNERS BELOW) <input type="checkbox"/> OTHER _____ |                                                                                                                                                                                                                            |                                                                    |
| 9. REGISTERED AGENT OR OWNER'S NAME                                                                                                                                                                                          |                                                                                                                                                                                                                            | SOCIAL SECURITY NUMBER AND MISSOURI STATE TAX ID NUMBER (REQUIRED) |
| 10. <input type="checkbox"/> BY CHECKING THIS BOX YOU ARE INDICATING THE ENTITY AND DOING BUSINESS AS (DBA) NAMES FOR THIS PHYSICAL ADDRESS <b>HAVE BEEN</b> REGISTERED WITH THE SECRETARY OF STATE.                         |                                                                                                                                                                                                                            |                                                                    |

**SECTION A: OWNERSHIP INFORMATION**

List each officer, director, or manager. Also list any shareholders or owners with 10% or greater ownership interest in preneed seller.

| NAME | TITLE | CONTACT TELEPHONE NO. | CONTACT ADDRESS | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|------|-------|-----------------------|-----------------|------------------------|---------------|
|      |       |                       |                 |                        |               |
|      |       |                       |                 |                        |               |
|      |       |                       |                 |                        |               |

The corporate applicant hereby certifies to the board that each of its officers, directors, managers and controlling shareholders would be eligible for licensure under section 333.330. **If the no box is checked please attach a sheet of explanation.**   ☐ YES   ☐ NO

**SECTION B: AGENT INFORMATION**

In this section list all persons that will serve as a preneed agent for this applicant.

| AGENT NAME | AGENT REGISTRATION NUMBER (IF APPLICABLE) | AGENT NAME | AGENT REGISTRATION NUMBER (IF APPLICABLE) |
|------------|-------------------------------------------|------------|-------------------------------------------|
|            |                                           |            |                                           |
|            |                                           |            |                                           |
|            |                                           |            |                                           |

**SECTION C: PROVIDERS ASSOCIATED WITH PRENEED SELLER**

List below all preneed providers that have authorized the applicant to sell preneed contracts under which the preneed provider is or may be designated as the contracts provider. **(List each separate provider by name and address.) If available, include provider license number (If the license has not been issued please put pending in the license number column), if necessary you may attach extra pages.**

| NAME | ADDRESS | PROVIDER LICENSE NO. |
|------|---------|----------------------|
|      |         |                      |
|      |         |                      |
|      |         |                      |
|      |         |                      |
|      |         |                      |
|      |         |                      |

**NOTE: A preneed seller is required to notify the Board in writing if the seller enters into a written agreement or authorization with any additional preneed providers, not listed above, which allow the seller to designate or obligate the preneed provider as the "provider" in a preneed contract.**

**SECTION D: DESIGNATION OF CUSTODIAL**

Pursuant to § 333.320.2(5), RSMo, identify the name and address of a custodian of records responsible for maintaining the books and records of the seller relating to preneed contracts.

|                      |                                                          |
|----------------------|----------------------------------------------------------|
| NAME OF CUSTODIAN    | TELEPHONE NUMBER/FAX NUMBER/E-MAIL                       |
| ADDRESS OF CUSTODIAN | LOCATION OF BOOKS & RECORDS (MUST BE A MISSOURI ADDRESS) |

**SECTION E: Background Information****Yes No**

1. Have you ever applied for licensure in this or any other state or territory before making this application? Include all.

☐ ☐

| What State | Date Applied | Type of License |
|------------|--------------|-----------------|
|            |              |                 |
|            |              |                 |

2. Have you ever been denied a professional license, certification, registration or permit? **If yes, attach a full explanation.**

☐ ☐

3. Have you ever had any professional license, certification, registration or permit revoked, suspended, placed on probation, censured, reprimanded, fined or otherwise subjected to any type of disciplinary action? **If yes, attach a full explanation.**

☐ ☐

4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold or have applied for? **If yes, attach a full explanation.**

☐ ☐

5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit? **If yes, attach a full explanation.**

☐ ☐

6. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime whether or not sentence was imposed (include SIS), or are such actions currently pending (excluding traffic violations)? **If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).**

☐ ☐

7. Have you ever been convicted, adjudged guilty by a court, pled guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs, alcohol, whether or not sentence was imposed (includes SIS), or are such actions currently pending? **If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).**

☐ ☐

8. Have you ever been adjudged mentally incompetent by a state or federal court? **If yes, attach a full explanation and provide certified court documents (i.e. Docket sheet, Complaint, and Final Disposition).**

☐ ☐

9. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? **If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan.**

☐ ☐

**SECTION F: ACCOUNT INFORMATION**

List all financial institutions in which the above-named applicant will maintain a trust account(s) or joint account(s) in which funds received by or on behalf of the applicant as payment for preneed sales and contracts will be deposited. You must identify the financial institution(s) and the complete name of the account holder for each account. The financial institutions/accounts identified in this section will be maintained in the Boards records. You must identify each insurance company utilized to fund any contracts. (if you have additional account information please copy this sheet)

**TRUST ACCOUNT INFORMATION**

|                                                          |                                     |
|----------------------------------------------------------|-------------------------------------|
| NAME OF FINANCIAL INSTITUTION                            | TELEPHONE NUMBER                    |
| FINANCIAL INSTITUTION ADDRESS (STREET, CITY, STATE, ZIP) |                                     |
| EXACT NAME ON ACCOUNT                                    | ACCOUNT NUMBER                      |
| CONTACT PERSON AT FINANCIAL INSTITUTION                  | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |
| NAME OF FINANCIAL INSTITUTION                            | TELEPHONE NUMBER                    |
| FINANCIAL INSTITUTION ADDRESS (STREET, CITY, STATE, ZIP) |                                     |
| EXACT NAME ON ACCOUNT                                    | ACCOUNT NUMBER                      |
| CONTACT PERSON AT FINANCIAL INSTITUTION                  | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |
| NAME OF FINANCIAL INSTITUTION                            | TELEPHONE NUMBER                    |
| FINANCIAL INSTITUTION ADDRESS (STREET, CITY, STATE, ZIP) |                                     |
| EXACT NAME ON ACCOUNT                                    | ACCOUNT NUMBER                      |
| CONTACT PERSON AT FINANCIAL INSTITUTION                  | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |

**JOINT ACCOUNT INFORMATION**

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| BANK NAME                               | TELEPHONE NUMBER                    |
| BANK ADDRESS (STREET, CITY, STATE, ZIP) |                                     |
| CONTACT PERSON                          | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |
| BANK NAME                               | TELEPHONE NUMBER                    |
| BANK ADDRESS (STREET, CITY, STATE, ZIP) |                                     |
| CONTACT PERSON                          | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |
| BANK NAME                               | TELEPHONE NUMBER                    |
| BANK ADDRESS (STREET, CITY, STATE, ZIP) |                                     |
| CONTACT PERSON                          | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |

**INSURANCE COMPANIES: Please list all insurance companies this preneed seller will use**

|                           |                                     |
|---------------------------|-------------------------------------|
| NAME OF INSURANCE COMPANY | ADDRESS                             |
| CONTACT PERSON            | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |
| NAME OF INSURANCE COMPANY | ADDRESS                             |
| CONTACT PERSON            | TELEPHONE NUMBER/FAX/E-MAIL ADDRESS |

**SECTION G: CONSENT TO EXAMINATION AND AUDIT**

**As required by 333.320.2(9), RSMo,**the preneed seller applicant hereby files with the board, a written consent authorizing the state board to inspect or order an investigation, examination, or audit of the seller's books and records which contain information concerning preneed contracts sold by or on behalf of the seller.

**SECTION H: AFFIDAVIT: MUST BE COMPLETED AND NOTARIZED**

I, \_\_\_\_\_, being first duly sworn and upon my oath do hereby state the foregoing application has  
PRINT NAME

been completed on behalf of the applicant truthfully and completely, without omission, and that all answers, statements, designations and consents are true and accurate to the best of my knowledge and belief. I, the undersigned, have personally reviewed the information contained herein and hereby submit this application for a preneed seller license to the State Board of Embalmers and Funeral Directors on behalf of the above-named applicant. I have authority to make this application.

I affirm that I made this affidavit knowingly, and understand that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under section 575.050, RSMo and may also result in denial of this application under Sections 333.330.2(3) and (12) RSMo.

***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).**

|                                                                                   |                              |                          |
|-----------------------------------------------------------------------------------|------------------------------|--------------------------|
| <b>NOTARY<br/>SECTION</b>                                                         | SELLER'S SIGNATURE AND TITLE | NOTARY PUBLIC SEAL/STAMP |
|                                                                                   | PLEASE PRINT NAME AND TITLE  |                          |
| STATE OF<br><b>MISSOURI</b>                                                       | COUNTY                       |                          |
| Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____. |                              |                          |
| NOTARY PUBLIC SIGNATURE                                                           |                              | COMMISSION EXPIRES       |
| NOTARY PUBLIC PRINTED NAME                                                        |                              |                          |

**Social Security Number Disclosure Notice**

**You must provide your social security number pursuant to state and federal law.**

**If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.**

Pursuant to state and federal laws, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Family Services Division of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity or hearing in that court, suspending, withholding or restricting the person's license).

**In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:**

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license against you in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

Effective July 1, 2003, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The requirements is found in Section 324.010, RSMo 2000, as amended.