

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

AUTHORITY: 1986 PA 255, MCL 338.3434(A), AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name		U.S. Social Security Number (if applying as an individual)	
Name of Owner(s) - (Partnership, Limited Partnership, LLC, Corp)		Registration # (if applicable)	
Address	City	State	Zip Code
Business Address Where Books and Records are Kept	City	State	Zip Code
Telephone Number	E-mail Address		
I have the ability and will serve the public in a fair, honest and open manner. If I have had a judgment of guilt in a criminal proceeding or a civil action against me, I am rehabilitated, or the substance of my former offense is not reasonably related to the occupation or profession for which I am seeking a license. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the applicant or manager have any unsatisfied penalties and conditions imposed by disciplinary action in this state or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant ever sold any prepaid contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, has the applicant assumed any contracts from another registration? (if "yes" you must complete and submit page 3 of this application) Yes - Name and Registration Number of Former Registrant: _____ Expiration _____ No _____ Date: _____			
FEE PAYMENT INFORMATION (Check One Box)		FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
New Registration (New Business or Ownership Change)	\$120.00	3401-01	License Number:
Reregistration (Within 60 days after expiration)	\$120.00	3401-01	Approved By: _____
Reinstatement (Required if 61 days after expiration date of registration)	\$120.00	3401-01	Date Approved: _____
Make your check or money order in U.S. Currency payable to: <b style="text-align: center;">STATE OF MICHIGAN			
NON-REFUNDABLE FEES ARE AUTHORIZED BY 1986 PA 255			

Additional Required Documentation

- The names and addresses of persons owning 10% or more interest in the entity applying for registration.
- A list of the names and addresses of any escrow agents in which funds have been or will be deposited by the registrant.
- Copies of all escrow or trust agreements between a registrant and an escrow agent.
- The Assignor/Assignee Notification section (page 3) of the application (*if applicable*).

Certification

I 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 MCL 338.217 of 1986 PA 255 with whom I will deposit funds.

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I agree the Department is required by law to obtain my social security number pursuant to MCL 338.3434(a).

Signature

Date

State of _____

County of _____

Subscribed and sworn before me on this _____ day of _____, 20 _____

Signature of Notary Public _____

My commission expires _____ County of _____ State of _____

