



CREMATORY LICENSE APPLICATION - FEE \$750

Check Applicable Box

Initial/New Crematory License

Assignment of an Existing Crematory License (change of ownership)

Must be submitted to the Bureau at least 30-days prior to change of ownership occurring.

Post Assignment Licensure Requirements pursuant to Business and Professions Code section 7712.1.

1. The new owner shall submit a copy of the final sales agreement to the Bureau within 10-days of the final sale and after Bureau approval of assignment.
2. The new owner shall submit to the Bureau within 60-days of the final sale, proof of the issuance of the local air pollution permit.

This application must be signed and accompanied with the required documents as outlined in 16 CCR 2326.01 and mailed to the Bureau at the address above.

NOTICE ON COLLECTION OF PERSONAL INFORMATION

CR NUMBER ISSUED

SECTION A: CREMATORY INFORMATION

Name of Crematory		Existing Crematory (CR) License Number (For assignment only)	
Address of Crematory		City	State CA
Mailing Address of Crematory (If different from above)		City	State Zip Code
Phone Number	Fax Number	Email Address (Optional)	
FEIN Number		Date of Sale (If applicable)	

SECTION B: NAME OF PERSON FILING THE APPLICATION
 (If corporation, submit copy of a resolution delegating authority to applicant to submit the application.)

Last Name	First Name	Phone Number
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SECTION C: NAME OF DESIGNATED CREMATORY MANAGER (CRM)

Last Name	First Name	License Number CRM	Expiration Date
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SECTION D: APPROVAL TO SHARE CREMATORY MANAGER
 (If applicable, must be under common ownership and within 60 miles of the main office)

Name of Crematory Designated as Main Office	License No. CR	Miles From New Crematory
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SECTION E: OWNERSHIPIf owner is an **INDIVIDUAL**, complete the following:

Last Name	First Name	Middle Initial
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If owner is a **PARTNERSHIP**, list ALL partners and percentage owed: (Attach additional pages if needed)

Last Name	First Name	Middle Initial	% Owned

If owner is a **CORPORATION**, complete the following:

Name and address of Corporation (Exact name and address as shown on Articles of Incorporation)

Incorporated in State of	Date incorporated
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CORPORATE OFFICERS – List top 4 senior officers of the corporation.

Title	Last Name	First Name	Middle Initial
President			
Vice President			
Treasurer			
Secretary			

SECTION F: APPLICANT CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

Signature	Title	Date
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FOR BUREAU USE ONLY

Date Cashiered:	Amount Cashiered	ATS Number	Receipt No.	Completed On	Approved Date	Denied Date
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POST LICENSURE REQUIREMENTS FOR CHANGE IN OWNERSHIP TO ASSIGN AN EXISTING CREMATORY LICENSE

Date of final sale agreement (change of ownership):	Date the local air pollution issued the required permit to operate the crematory:
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Date reported to the Bureau:	Date reported to the Bureau:
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List CR Numbers of Additional Crematories Managed	CR License No.	CR License No.	CR License No.
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