

CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834

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APPLICATION FOR HYDROLYSIS FACILITY LICENSE

INITIAL FILING FEE \$900

HF NUMBER ISSUED

SECTION A: HYDROLYSIS FACILITY INFORMATION					
NAME OF HYDROLYSIS FACILITY			FEIN		
ADDRESS OF HYDROLYSIS FACILITY		CITY	STATE CA	ZIP CODE	
MAILING ADDRESS (if applicable)		CITY	STATE	ZIP CODE	
PHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS (not required)			
SECTION B: NAME OF PERSON FILING THE APPLICATION (If a corporation, submit a Corporate Resolution delegating authority to the applicant to submit the application)					
LAST NAME	FIRST NAME	PHONE NUMBER (if different than above) ()			
SECTION C: NAME OF DESIGNATED CREMATORY MANAGER					
LAST NAME	FIRST NAME	LICENSE NUMBER CRM	EXPIRATION DATE		
SECTION D: APPROVAL TO SHARE CREMATORY MANAGER (If applicable, must be under common ownership and within 60 miles of the main office)					
Designated crematory manager is also managing the following licensed hydrolysis facilities:		HF	HF	HF	HF
NAME OF HYDROLYSIS FACILITY DESIGNATED AS THE MAIN OFFICE		LICENSE NUMBER HF	MILES FROM MAIN OFFICE		
ADDRESS OF HYDROLYSIS FACILITY		CITY	STATE CA	ZIP CODE	
SECTION E: OWNERSHIP					
IF OWNER IS AN INDIVIDUAL					
LAST NAME	FIRST NAME	MIDDLE INITIAL			
ALL INDIVIDUALS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT					
IF OWNER IS A PARTNERSHIP (List all general partners and attach a copy of the partnership agreement)					
LAST NAME	FIRST NAME	MIDDLE INITIAL	% OWNED		
ALL PARTNERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT					
FOR BUREAU USE ONLY					
DATE CASHIERED	AMOUNT CASHIERED	ATS ID NUMBER	RECEIPT NUMBER		
ENFORCEMENT CHECK	INSPECTION NOTICE SENT	APPLICATION APPROVED	LICENSE ORDERED		

IF OWNER IS A CORPORATION (Attach a copy of the Articles of Incorporation)

NAME OF CORPORATION (Exact name as shown on Articles of Incorporation)

ADDRESS (if different than Hydrolysis Facility)

CITY

STATE

ZIP CODE

CA

INCORPORATED IN STATE OF

DATE INCORPORATED

CORPORATE OFFICERS (Information provided must match the Statement of Information filed with the Secretary of State)

TITLE

LAST NAME

FIRST NAME

MIDDLE INITIAL

PRESIDENT

VICE PRESIDENT

TREASURER

SECRETARY

ALL CORPORATE OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

SECTION F: CERTIFICATION OF APPLICANT

I hereby certify under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations on this form, and all attachments provided with the form, are true, complete, and accurate.

SIGNATURE

DATE

PRINT NAME

TITLE