

REQUIREMENTS & INSTRUCTIONS FOR LICENSE - CEMETERY AUTHORITY

Access this form via website at: cca.hawaii.gov/pvl

No cemetery authority established after July 1967 will be issued a license unless it is a **PERPETUAL CARE CEMETERY**.

Cemetery authority established after July 1, 1967, must be a religious institution, corporation, county or any association which has a perpetual existence. (If cemetery was in operation before July 1967, it need not be a perpetual care cemetery.) The applicant can also be an individual.

1. Complete and sign the application. Failure to provide the requested information will delay the processing of the application.

Social Security Number

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

2. **SUBMIT** the following with a completed application:

(a) Fees. Make check payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If filing in an even-numbered year, pay \$888
(Application*-\$100 + License-\$320 + Compliance Resolution Fund-\$148 + one-half of the biennial renewal-\$320)

If filing in an odd-numbered year, pay \$494**
(Application*-\$100 + License-\$320 + Compliance Resolution Fund-\$74)

*Application fee is not refundable.

**Subject to renewal on or before December 31, or each ODD-NUMBERED year, regardless of issuance date.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

(b) A bond in the amount of \$50,000 (bond form attached). In addition, for each trust fund that is administered by a board of trustees, submit a bond in the amount of \$100,000 and an affidavit by the chairperson of the board of trustees attesting that no member of the board is affiliated with the applicant who is seeking licensure.

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- (c) If the application is for a corporation, partnership, LLC or LLP, we will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P. O. Box 40, Honolulu, Hawaii 96810. (Please call them for the proper forms at (808) 586-2727 or visit their website at: cca.hawaii.gov/breg to order Certificates of Good Standing, forms, etc.)

If the entity has been registered in this State for LESS THAN ONE (1) YEAR, **ATTACH** a "**filed-stamped**" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this State for MORE THAN ONE (1) YEAR, **ATTACH** a "**Certificate of Good Standing**" or "**Certificate of Qualification**".

- (d) If applicant will be using a trade name, **ATTACH** a **CURRENT** "filed-stamped" copy of the "**Application for Registration of Trade Name**" approved by the Business Registration Division. You may contact them at (808) 586-2727.
- (e) For cemetery operation **before** July 1, 1967, map(s) of plat(s) which was approved by the local authority.
- (f) For cemetery established **after** July 1, 1967, submit one of the following:
- (1) A copy of written Certificate of Dedication bearing endorsement of the board of supervisors or city council of approval of location of boundaries of cemetery; or
 - (2) A certified copy of a resolution of the board of supervisors or city council approving the location and boundaries of the cemetery.
- (g) Map(s) or plat(s) filed or recorded in the Bureau of Conveyances or in the Office of the Assistant Registrar of the Land Court.
- (h) A current certificate of title of land offered for burial purposes if incumbrances exist. If the property is not clear of all incumbrances, submit evidence that every incumbrancer has given his written consent to subject and subordinate his incumbrance to the dedication of such property to cemetery purposes and the title of any plot, crypt or niche owner was recorded.

3. **SUBMIT** the following documents:

- (a) Current **financial statements** not more than 1 year old consisting of a balance sheet, income statement and statement of changes in stockholders equity, prepared and signed by a licensed certified public accountant or public accountant. The financial statements may be compiled, reviewed or audited and may be prepared on a cash or accrual basis. If CPA is licensed out-of-state, provide copy of license.
- (b) A **current credit report** for each officer, partner, manager, member or individual applicant (from a credit reporting agency issued not more than 6 months ago) covering at least the previous five years;
- (c) A current **Hawaii State Tax Clearance** (not more than 6 months old) with an original State Department of Taxation stamp.
- (d) Executed copy of the **declaration of the trust** between applicant and the designated trustee of the trust fund for each trust fund; and
- (e) A copy of the **sales contract forms** to be used in the selling of pre-need services and cemetery property.

4. Mail all required items to:

Cemetery and Funeral Trust Program
DCCA, PVL, Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant Street, Room 301
Honolulu, HI 96813
Phone No.: (808) 586-3000

5. To obtain a copy of the laws, Chapter 441, Hawaii Revised Statutes and Rules, Chapter 75, Hawaii Administrative Rules relating to Cemetery and Funeral Trusts, send a written request to: Department of Commerce and Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Look under "Cemetery and Pre-need Funeral Authority".

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Renewal of License

- (a) Pay appropriate fee.
- (b) Continuation of bond. (Bond is continuous unless cancelled.)
- (c) Renew on or before December 31 of every odd numbered year.
- (d) Submit a trust fund report.

Restoration of Forfeited License

- (a) Submit written application for restoration accompanied by restoration fees. (Renewal fee plus 10% penalty). Forfeiture results from failure to renew license on time.
- (b) License may be restored within one year only.

Abandonment of Application

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Release of Information

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

APPLICATION FOR CEMETERY AUTHORITY LICENSE

Access this form via website at: cca.hawaii.gov/pvl

Please read Requirements & Instructions.

Name (Individual - First, Middle, Last, **OR** Corporation, Partnership, LLC/LLP):

Trade Name (if one will be used):

Mailing Address (Include Suite No., City, State & Zip Code) - **REQUIRED**:

Location and Address of Cemetery:

Business Phone No.:

Phone No.:

Person Responsible for Daily Operations:

Fax No.:

Indicate type of organization: Profit Nonprofit

Approved:

Date:

Denied:

Eff. Date:

License No.:

CE -

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Indicate the type of Business Entity:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Individual (Sole Owner) | <input type="checkbox"/> County |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Association |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Religious Institution | <input type="checkbox"/> LLP |

CORPORATION, PARTNERSHIP, LLC, LLP

List Name & Title	Residence Address	Residence Phone No.	Social Security No.
President/Partner/Manager or Member			
Vice President/Partner/Manager or Member			
Secretary/Partner/Manager or Member			
Treasurer/Partner/Manager or Member			

Check answers and give details if required:

- Does the applicant have perpetual existence? YES NO
- Are there any incumbrances on the cemetery property being offered for sale? YES NO
 If "Yes", is there a recorded written consent of every incumbrancer thereof that his incumbrance shall be subject and subordinate to the dedication of such property to cemetery purposes and the title of any plot, crypt or niche owner?
 Please explain on a separate sheet.
- The cemetery is a..... burial park for earth interment
 (Check more than one if applicable) a mausoleum for vault or crypt interment
 a structure or place for interment of cremated remains

(CONTINUED ON PAGE 2)

Appl 085 \$100
 Lic 086 \$320
 CRF 087 \$74/\$148
 1/2 Ren 080 \$320
 Service Fee..... BCF \$25

Print Name of Applicant: _____

PROPERTY INVENTORY

a. Total number of plots now in existence: _____

Total number of plots available for use as of date of application:

developed: _____ undeveloped: _____

List size(s) and number of plots below:

Size	No.

b. Total number of crypts in existence: _____

Total number of crypts available for use as of date of application:

developed: _____ undeveloped: _____

List size(s) and number of crypts below:

Size	No.

c. Total number of niches in existence: _____

Total number of niches available for use as of date of application:

developed: _____ undeveloped: _____

List size(s) and number of niches below:

Size	No.

4. Was this cemetery in operation before July 1, 1967? YES NO

5. For cemetery authority established after July 1, 1967:

a. Date location and boundary of cemetery approved by the board of supervisors or city council: _____

b. The Certificate of Dedication was endorsed by the board of supervisors or city council;

A certified copy of a resolution of the board of supervisors or city council approving the location and boundaries was recorded.

c. Date written Certificate of Dedication containing a description of the land or other property which is to be made available for cemetery purposes and dedicating the property exclusively to cemetery purposes was filed in the Bureau of Conveyances or in the Office of the Assistant Registrar of the Land Court: _____

Print Name of Applicant: _____

d. Date map or plat was filed or recorded in the Bureau of Conveyances or in the Office of the Assistant Registrar of the Land Court.

6. Perpetual Care Fund:

a. Name of perpetual care trust: _____

b. How is it administered? (Check one) Board of Trustees Trust Company

c. For a perpetual care trust that is administered by a **board of trustees, submit** the name, address, principal place of employment, and office held on the board for each member.

Are the majority of board members residents of the State? YES NO

Are any board members affiliated with the authority that appointed the board? YES NO

Name and address of the Custodian of Trust Funds: _____

d. For a perpetual care trust that is administered by a **trust company:** _____

Name of trust company: _____

Name of trust officer: _____

7. Pre-Need Interment Trust:

a. Name of Pre-Need Interment Trust(s): _____

b. How is it administered? (Check one) Board of Trustees Trust Company

c. For each pre-need trust that is administered by a **board of trustees, submit** the name, address, principal place of employment, and office held on the board for each member on a separate sheet of paper.

Are the majority of board members residents of the State? YES NO

Are any board members affiliated with the authority that appointed the board? YES NO

Name and address of the Custodian of Trust Funds: _____

d. For a pre-need trust that is administered by a **trust company:** _____

Name of trust company: _____

Name of trust officer: _____

AFFIDAVIT OF APPLICANT:

I hereby certify that the statements, answers, and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 441-23, Hawaii Revised Statutes).

I further certify that I have read and will abide by the provisions of Hawaii Revised Statutes, Chapter 441 and Hawaii Administrative Rules, Chapter 75.

_____ Date

By: _____ Signature of Applicant

_____ Print Name

_____ Title

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Print Name of Applicant: _____

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date