



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
**200 East Gaines Street**  
**Tallahassee, FL 32399- 0361**

**APPLICATION FOR PRENEED BRANCH OFFICE LICENSE**

Under Section 497.453(7) Florida Statutes. Before the Board of Funeral, Cemetery, and Consumer Services.

**This application shall be accompanied by payment of \$155 nonrefundable application fee.** Make check payable to "Department of Financial Services." Mail form and payment to: Division of Funeral, Cemetery & Consumer Services, Revenue Processing, P.O. Box 6100, Tallahassee, FL 32314-6100. Additional information requested must be received within forty-five (45) days from the date of request by the Department. The license, if approved, will be issued for the remainder of the annual period ending June 30 of each year.

**TYPE OR PRINT**

1. Name of Preneed License Holder:

\_\_\_\_\_

2. Business Name of Branch Location:

\_\_\_\_\_

3. FEID Number of Branch Entity: \_\_ - \_\_\_\_\_ (If Social Security Number, response to Question 3 should be entered in the SSN section located below)

4. Branch Qualifying License Number (provide copy): \_\_\_\_\_  
 (Funeral Home, Cemetery or Direct Disposer: Name on license must be same as No. 2 above)

5. REG License ID of PNL: \_\_\_\_\_

6. Branch Telephone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

**FOR OFFICE USE ONLY**

**BT**    **TYCL FT**

V	3709 L	\$150
	3800 F	<u>\$ 5</u>
		\$155



3. Social Security Number of Branch Entity: - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (Do not enter FEIN here)