

Missouri State Board of Embalmers and Funeral Directors

3605 Missouri Blvd.(Physical)
 P.O. Box 7001
 Jefferson City, MO 65102
 (573) 751-0813
 Website: <http://pr.mo.gov/embalmers.asp>
 Email: embalm@pr.mo.gov

2010 RENEWAL LICENSE**PRENEED PROVIDER****FEE: \$0.00**

Mailing Address:

Physical Address:

County: _____

Telephone: _____

Change in Telephone: _____

Fax: _____

Change in Fax: _____

Email: _____

Businesses engaged in the retail sale of goods in Missouri must possess a no tax due compliance letter from the Department of Revenue at the time of license renewal. § 144.083 RSMo. (Cum Supp 2008). You can verify your tax compliance letter at <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>. **If you have any questions regarding taxes contact the Department of Revenue at 573/751/9268 or email: taxclearance@dor.mo.gov**

	YES	NO
1. This business engages in the sale of goods at retail in Missouri. The following 2 questions must be completed.	<input type="checkbox"/>	<input type="checkbox"/>
2. My retail business has filed and paid all of its Missouri sales and withholding tax obligations.	<input type="checkbox"/>	<input type="checkbox"/>
3. What is your Missouri state tax ID number? _____ (8 numeric characters) Your renewal may be rejected if tax id number isn't provided.		

INSTRUCTIONS

1. YOU MAY APPLY FOR RENEWAL OF YOUR PRENEED LICENSE UPON RECEIPT OF THIS NOTICE. THIS RENEWAL IS DUE **BY OCTOBER 31, 2010. IF YOU FAIL TO RENEW THIS LICENSE BY OCTOBER 31, 2010 THIS LICENSE WILL EXPIRE.** If the renewal is filed after October 31, 2010 the preneed provider will be required to submit a **late fee of \$100.00.**

2. IN ORDER TO PROVIDE SUFFICIENT TIME FOR PROCESSING, PLEASE RETURN THIS NOTICE WITH THE PROPER RENEWAL FEE AS SOON AS POSSIBLE.

3. **Please be sure that all pages of this notice are returned. You must return the original renewal to the board office. No self generated forms will be processed.**

4. All fees are non-refundable.

No seller, provider, or preneed agent shall procure or accept a loan against any investment or asset of or belonging to a preneed trust. As of August 29, 2009, no preneed seller, provider, or agent shall use any existing preneed contract as collateral or security pledged for a loan or take preneed funds of any existing preneed contract as a loan or for any purpose other than as authorized by chapter 436, RSMo.

Please carefully read the instructions on each page of this renewal and when completed, sign and notarize the forms where indicated.

The information appearing on this report is the information currently contained in the records of the State Board of Embalmers and Funeral Directors on the above named provider. You are responsible for the accuracy of this information. Please examine this form carefully and note any corrections, deletions or additions.

SECTION A: This report is for the time period of **August 28, 2009** to **August 31, 2010.**

SECTION B: Please verify the following information. **If blank, please complete in detail. please complete in detail.)**

	Yes	No
● The owner(s) according to the Board's records is:	<input type="checkbox"/>	<input type="checkbox"/>
● If the establishment is a corporation the MO Tax ID # according to the Board's records is: _____ is this correct?	<input type="checkbox"/>	<input type="checkbox"/>
● If this establishment is a sole proprietor or a partnership please list the social security number(s) of the owners. _____	<input type="checkbox"/>	<input type="checkbox"/>

PRENEED PROVIDER ANNUAL REPORTING NOTICE

Preneed Provider Number:

SECTION C:

According to the Board's records this provider has entered into a written agreement with the following firms who are authorized to sell preneed contracts. In order for the Board to update our records please indicate by checking Yes or No if these licenses are associated with this registration. Please use the space provided to update your record.

License #	Name	Yes	No
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Section D:

Provider agrees to maintain in Missouri any books or records which contain information about provider's preneed contract sales and services in Missouri. Said books and records are in the custody of:

NAME OF LOCATION OR PERSON:

ADDRESS:

and are available for inspection at said address.

Section E: List all preneed contracts that were in existence with a preneed provider as of August 27, 2009 pursuant to 436.053 RSMo, if any. (In lieu of completing the table below you may attach a spreadsheet to this renewal that contains the information listed below)

Name on contract	Financial institution where funds are held	Original date of preneed contract	Face (original) value of preneed contract	Total amount paid on this preneed contract by consumer	Individual account number of joint account (CD, passbook, etc.)	Is the contract paid in full

SECTION F: Complete this section only if books and records are kept outside of Missouri

Provider's books and records which contain information about provider's preneed contract sales and services in Missouri after August 13, 1982 are in the custody of:

Name	Address	Phone	Contact Person

SECTION G: Notary Section (This section must be completed)

I hereby authorize and instruct the financial institution(s) listed and the custodian listed to allow at any time without prior notice any inspector, examiner, or auditor of the State Board of Embalmers Funeral Directors to investigate, examine and/or audit seller's trust account(s), books and records. I understand that the State Board of Embalmers and Funeral Directors may order this investigation, examination and/or audit at its discretion, and I consent to such an investigation, examination and/or audit. I hereby swear that the information herein contained, as well as all information on any attachment(s) to this report, is true and complete in every respect and has not been altered or revised.

NOTARY SECTION	Applicant Signature: _____ Applicant Title: _____	NOTARY PUBLIC SEAL/STAMP
State of MISSOURI	COUNTY OF _____	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary Public Signature: _____		
Please Print Name: _____		