

Missouri State Board of Embalmers and Funeral Directors **2010 RENEWAL LICENSE AND ANNUAL REPORT**
 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

PRENEED SELLER
RENEWAL FEE: \$200.00
PER CONTRACT FEE \$36.00

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. FILE THE ANNUAL REPORT OF YOUR PRENEED LICENSE UPON RECEIPT OF THIS NOTICE. THIS RENEWAL IS DUE ON OR BY OCTOBER 31, 2010 PURSUANT TO 436.460 RSMo, **IF A SELLER FAILS TO FILE THE ANNUAL REPORT ON OR BEFORE OCTOBER 31, 2010 THE PRENEED SELLER LICENSE SHALL AUTOMATICALLY BE SUSPENDED UNTIL SUCH TIME AS THE ANNUAL REPORT IS FILED AND ALL APPLICABLE FEES HAVE BEEN PAID.**
 If the annual report is filed after October 31, 2010, the preneed seller will be required to submit a **late fee of \$200.00.**
 2. In order to provide sufficient time for processing, please return this renewal with the proper fee and all supporting documents as soon as possible.
 3. Return this renewal and the fee of **\$200.00 PLUS \$36.00 PER PRENEED CONTRACT** sold since August 28, 2009 as required in Section 436.460 RSMo. All checks or money orders shall be made payable to **STATE BOARD OF EMBALMERS & FUNERAL DIRECTORS. Please be sure that all pages of this notice are returned with supporting documents.**
You must return the original renewal to the Board office. No self generated renewal 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.
- Please carefully read the instructions on each page of this renewal and when completed, sign & notarize the forms where indicated.**
- The information appearing on this renewal is the information currently contained in the records of the State Board of Embalmers and Funeral Directors on the above named seller. You are responsible for the accuracy of this information. Please examine this renewal carefully and make any correction, deletions or additions.

SECTION A: THIS REPORT INCLUDES ALL PRENEED CONTRACTS SOLD FROM August 28, 2009 to August 31, 2010.

PRENEED SELLER ANNUAL REPORTING NOTICE

Preneed Seller Number:

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

	Yes	No
● The owner(s) according to the Board's record 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. _____		
● The manager in charge of this licensed seller pursuant to 20 CSR 2120-3.200 is: _____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C:

According to the Board's records this seller has entered into a written agreement with the following firms who are authorized to provide 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 license. If none are listed, please use the space provided to update your record.

License #	Name	Yes	No
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SECTION D:

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

NAME OF LOCATION OR PERSON:

ADDRESS:

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

Seller's books and records which contain information about seller's preneed contract sales and services in Missouri are in the custody of:

Name	Address	Phone	Contact Person

SECTION F: Report all preneed contracts that were written from August 28, 2009 - August 31, 2010

(Do not report any contracts sold by a third party seller)

Number of Preneed contracts sold: (Give totals for each)		Face Value of these contracts:
	Contracts in which payments are deposited into a trust . (do not report any money you have trusted with a third party seller)	\$
	Contracts in which payments are deposited into joint accounts	\$
	All insurance funded preneed contracts.	\$
* Total Number of Contracts Sold	Total Face Value of All Contracts: \$	

*** Multiply this total number times \$36.00 and this will be the fee you will remit to the State Board of Embalmers and Funeral Directors. You must pay \$36.00 for each contract sold during this reporting period.**

Amount of Fee Enclosed: \$

MAKE CHECK PAYABLE TO THE STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS

SECTION H: Authorization

I hereby authorize the Board to request from the trustee listed in Section G a copy of any trust statement, as part of an investigation, examination or audit of the preneed seller.

Applicant Signature	Title
Print Name	

SECTION I: Certification (section to be completed by a corporate officer of trust(s))

I certify under oath that the information listed in **Section G** that is required by section 364.60.2 subdivisions (1) to (7) is complete and correct and attested to by a corporate officer of the trustee. The trustee shall be subject to the penalty of making a false affidavit or declaration. **In lieu of completing this certification, a computer print out generated certified, signed & notarized by the trustee that contains the information required by this section may be attached to this renewal.**

Notary Section	Corporate officer of trustee Signature	NOTARY PUBLIC SEAL/STAMP
	Corporate officer of trustee print name and title	
State of Missouri	County of	
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20____		
Notary public signature	Commission expires on:	
Notary public print name:		

SAMPLE FORM DO NOT USE FOR RENEWAL

SECTION K: Certification (section to be completed by a corporate officer of the financial institution)
 I certify under oath that the information listed in **Section J** that is required by section 436-460.2 subdivisions (1) to (7) is complete and correct and attested to by an authorized representative of the financial institution. The affiant shall be subject to the penalty of making a false affidavit or declaration. **In lieu of completing this certification, a signed & notarized computer print out generated, certified, signed & notarized by the financial institution that contains the information required by Section J may be attached to this renewal.**

Notary Section	Authorized representative signature	NOTARY PUBLIC SEAL/STAMP
	Authorized representative print name and title	
State of Missouri	County of	
I, the undersigned, do hereby certify that the information provided herein is true and correct and I have signed and sworn to (or affirmed) before me this _____ day of _____, 20____.		
Notary public signature	Notary public commission expires on:	
Notary public print name:		

SAMPLE FORM DO NOT USE FOR RENEWAL

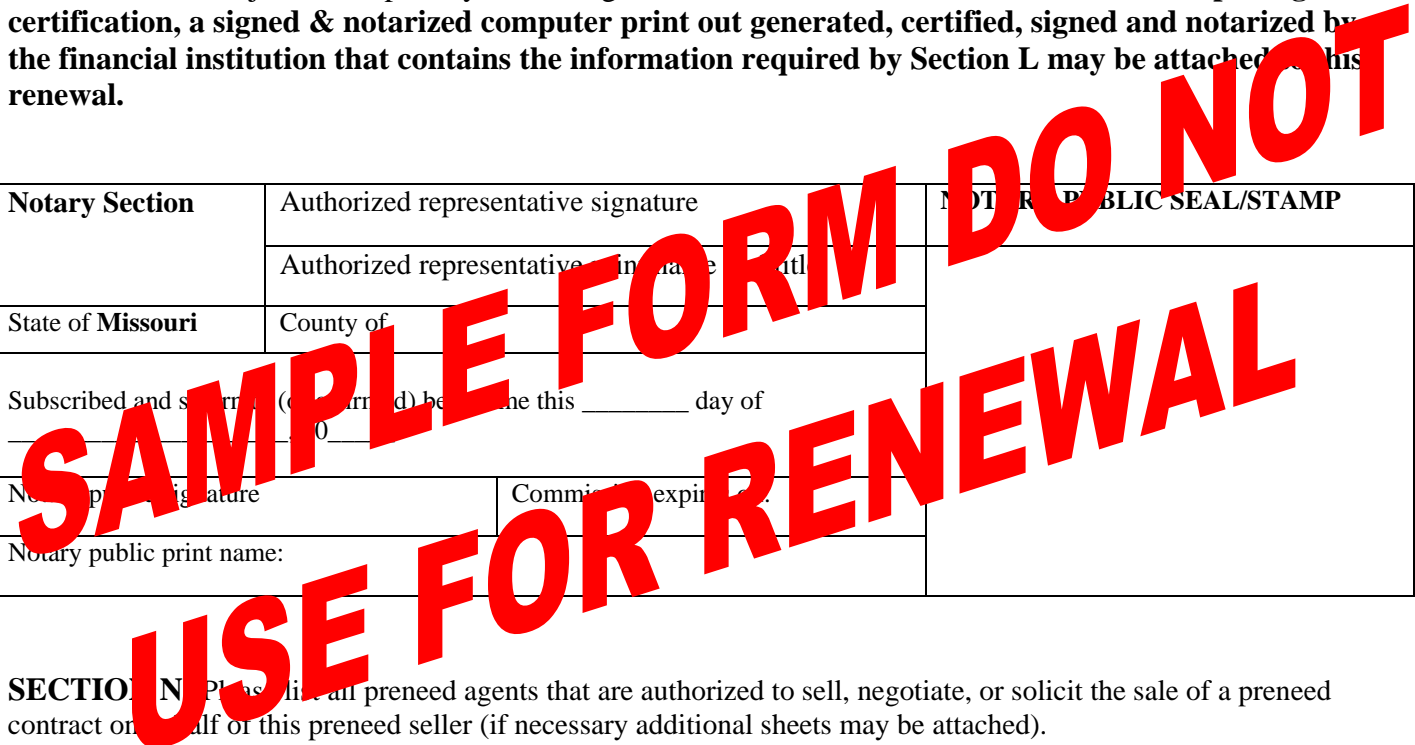
SECTION M: CERTIFICATION (section to be completed by an authorized representative of the insurance company)

I certify under oath that the information listed in **Section L** that is required by section 436-460.2 RSMo, subsections (1) to (3) is complete and correct attested to by an authorized representative of the insurer. The affiant shall be subject to the penalty of making a false affidavit or declaration. **In lieu of completing this certification, a signed & notarized computer print out generated, certified, signed and notarized by the financial institution that contains the information required by Section L may be attached to this renewal.**

Notary Section	Authorized representative signature	NOTARY PUBLIC SEAL/STAMP
	Authorized representative print name and title	
State of Missouri	County of _____	
Subscribed and sworn to (certified) before me this _____ day of _____, 20____.		
Notary public signature	Commission expires _____	
Notary public print name:		

SECTION N: Please list all preneed agents that are authorized to sell, negotiate, or solicit the sale of a preneed contract on behalf of this preneed seller (if necessary additional sheets may be attached).

Name of Agent	Address	Registration Number



SECTION O: CONSENT TO INVESTIGATE, EXAMINE AND/OR AUDIT ACCOUNTS, BOOKS AND RECORDS AND ATTESTATION

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 renewal, is true and complete in every respect and has not been altered or revised.

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

SAMPLE FORM DO NOT USE FOR RENEWAL