



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

## APPLICATION FOR LICENSE TO SELL PRENEED FUNERAL CONTRACTS

**Mailing Address**  
P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. §§ 32-7-10 et seq.  
[www.sccoconsumer.gov](http://www.sccoconsumer.gov)  
803-734-4236/800-922-1594

**Street Address**  
3600 Forest Drive, 3<sup>rd</sup> Floor  
Columbia, SC 29204-4406

### DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

Name of Funeral Director: \_\_\_\_\_ License No. \_\_\_\_\_

Director's Business Address: \_\_\_\_\_

Director's Residence Address: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_ License No. \_\_\_\_\_

Street Address of Funeral Home: \_\_\_\_\_

Telephone No. of Funeral Home: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

List the names and addresses, both residence and place of business, of every member, officer or director of the Funeral Home.

Name & Official Title	Residence Address	Business Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is the funeral home named as a defendant in any lawsuit?  Yes  No If the answer is yes, provide names of the plaintiffs, amount sued for, nature of or basis for litigation, and expected result (Attach a separate statement if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any funeral service or preneed license denied, suspended, revoked, surrendered or have you ever been disciplined by licensing authorities in this or any other state or jurisdiction.  Yes  No If yes, attach a separate statement giving complete details.

Are you presently subject to any judgment or liens?  Yes  No If the answer is yes, provide details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any monetary payment, including the sale of preneed insurance, ever been accepted at this location for the purpose of furnishing or providing future services or funeral merchandise?  Yes  No If yes, you are required to furnish the names, dates, and amounts of funds accepted (attach a separate statement if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any verbal or written agreements been made and/or payment accepted for future goods or services?  Yes  No If yes, you are required to furnish the names, dates, and amounts of funds accepted (attach a separate statement if necessary).

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Is your funeral home incorporated?  Yes  No

Is your funeral home registered with the South Carolina Secretary of State's Office?  Yes  No

If yes, how is your name registered? \_\_\_\_\_

Is your funeral home owned by a holding company or another corporation?  Yes  No

If yes, please provide details:

Name of holding company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of services that you performed in the previous calendar year: \_\_\_\_\_

How many preneed contracts do you expect to sell in a year if you are licensed? \_\_\_\_\_

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**Also Enclosed:**

Filing Fee  (\$250.00)

Financial Statement

Credit Report

Release Authorization

Bond or Letter of Credit  (\$15,000)

Company or Bank: \_\_\_\_\_

Number: \_\_\_\_\_

Original or certified, true copy of Certificate of Existence if South Carolina corporation

or

The original or certified, true copy of Certificate of Authority to do Business in South Carolina if non-South Carolina corporation.

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This is to certify that the above information is true and correct. **Note:** Any false or misleading answers to any application questions shall be grounds for revocation of the license.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina

(L.S.)

My Commission Expires: \_\_\_\_\_