

APPLICATION FOR CEMETERY MERCHANDISE PERMIT

Submit with a check for \$200 to:

**Oklahoma Insurance Department
3625 NW 56th Suite 100
Oklahoma City, OK 73112
(405)521-3966**

Date: _____

The following named organization hereby applies for a permit for the following named cemetery to engage in the sale of prepaid cemetery merchandise as provided for in the Oklahoma Cemetery Merchandise Trust Act, Title 36 O.S. section 7121 through 7135.

Name of Organization: _____
(legal name of organization)

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

Person to contact regarding this Application: _____

E-mail address of person to contact regarding this Application: _____

Name of Cemetery/Permittee (if different than that of the Organization): _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____ Fax Number: _____

If the Organization will maintain a trust fund for cemetery merchandise, provide:

Name of Financial Institution/Trustee: _____

Address of Financial Institution/Trustee: _____

Name and Phone Number of Trust Officer: _____

E-mail Address of Trust Officer: _____

If the Organization will purchase a surety bond in lieu of the trust requirements, provide:

Name of Surety Company: _____

Address of Surety Company: _____

Name and Phone Number of Issuing Agent: _____

E-mail Address of Issuing Agent: _____

Describe background and expertise in the business of selling prepaid cemetery merchandise.

Starting with present or last employment, list experience during the most recent 5 years. (Attach additional pages if necessary)

Attach as Exhibit "A" a current and correct list of the officers/partners/trustees of the cemetery/permittee applying for a renewal permit.

All statements made herein are warranted true and correct and are given as a basis for issuance of the permit under the Cemetery Merchandise Trust Act. I, the Applicant, hereby agree to comply with all requirements of the Cemetery Merchandise Trust Act and Rules of the Oklahoma Insurance Commissioner.

Signature

Print Name

Title

Exhibit "A"

List of Officers/Partners/Trustees

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Title: _____	Title: _____	Title: _____
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Title: _____	Title: _____	Title: _____
Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Title: _____	Title: _____	Title: _____

(Attach additional pages if necessary)

I am personally acquainted with the above-named individuals and hereby certify that they are over twenty-one years of age, of good moral character, enjoy a reputation for honesty and integrity, and they have never been charged with any fraudulent or dishonest act or the commission of any crime or been convicted of any crime and confined in any institution therefor.

By: _____

Signature

(Note: This page cannot be signed by any person listed above).

State of _____

County of _____

Signed and sworn to before me on _____, by _____.

Commission Expires: _____

Notary: _____

Commission Number: _____

[seal]