

# REQUIRED EXHIBITS CHECKLIST

- [ ] Check or money order in the amount of \$500.00 made payable to: **TEXAS DEPARTMENT OF BANKING**. Please follow directions on the enclosed invoice.
- [ ] Completed questionnaire on pages 1 - 3 of the application. Page 3 of the application is to be signed by an officer of the applicant. The signature must be notarized.
- [ ] **Exhibit "A"** - Copy of the Articles of Incorporation filed with the Secretary of State. See Incorporation Required; Minimum Capital under Section 712.003 of the Texas Health and Safety Code (Health and Safety Code). **Please Note:** The Articles of Incorporation should reflect that the purpose of the corporation is to operate a perpetual care cemetery pursuant to the Texas Health and Safety Code of Chapter 711.021 and in accordance with Chapter 712 of the Health and Safety Code.
- [ ] **Exhibit "B"** – If applicable, an assumed name certificate that has been filed with the Secretary of State and/or County Clerk. Please refer to the Assumed Name Certificate instructions enclosed for more information.
- [ ] **Exhibit "C"** - Executed Perpetual Care Trust Agreement.
- [ ] **Exhibit "D"** - Evidence of ownership or title to real property by cemetery organization.
- [ ] **Exhibit "E"** - Evidence that \$50,000.00 has been deposited in the perpetual care trust account along with a copy of the trust statement.
- [ ] **Exhibit "F"** - Copy of the cemetery rules and regulations.
- [ ] **Exhibit "G"** - Certificate of Good Standing. Please refer to the Certificate of Good Standing instructions enclosed for more information.
- [ ] **Exhibit "H"** - Most recent financial statements (prefer audited) to assure that the \$75,000.00 capital requirement has been met. (Most current annual balance sheet and income statement along with most recent quarterly income statement.)
- [ ] **Exhibit "I"** - Copy of the cemetery contract to be used. See contract requirements under Title 7, Section 26.11 of the Texas Administrative Code; Sections 712.007(c) and 712.029(a) of the Texas Health and Safety Code; and Section 651.4065 of the Texas Occupations Code governed by the Texas Funeral Service Commission.
- [ ] **Exhibit "J"** - Copy of the certificate of ownership to be used. See certificate requirements under Section 712.007(c) of the Texas Health and Safety Code.
- [ ] **Exhibit "K"** - Copy of the cemetery price list, as required under Section 651.4055 of the Texas Occupations Code governed by the Texas Funeral Service Commission.
- [ ] **Exhibit "L"** – Copy of plat map and dedication, filed with County Clerk’s office along with evidence of the distance requirements as per Section 711.008 of the Texas Health & Safety Code.
- [ ] **Exhibit "M"** – ACH form, required per Section 26.1 of the Texas Administrative Code.
- [ ] Evidence that the marker/monument disclosure is included on one of the following four required documents: the cemetery’s price list, purchase agreement, marker/monument order form, or the cemetery’s Rules and Regulations.

**INACCURATE OR INCOMPLETE DATA WILL RESULT IN A DELAY IN PROCESSING THE PERMIT APPLICATION. IF THE APPLICATION IS NOT COMPLETED WITHIN 60 DAYS OF THE INITIAL FILING, THE APPLICATION MAY BE CLOSED AND THE FILING FEE SURRENDERED.**



Charles G. Cooper  
Commissioner

**TEXAS DEPARTMENT OF BANKING**

2601 North Lamar Blvd., Austin, Texas 78705  
512-475-1300 / 877-276-5554  
[www.dob.texas.gov](http://www.dob.texas.gov)

**Perpetual Care Cemetery Application Fee**

The application fee, as set forth in Chapter 12, Section 712.0031, Texas Health and Safety Code, is \$500.00. Please remit this amount, made payable to the Texas Department of Banking, with the application.

If you have any questions, contact the Special Audits Administrator at 512-475-1285.

**Amount Due      \$500.00**

**Please pay from this statement**

**Detach and return bottom portion with your payment.**

**(Please do not send photocopies)**

**Remittance Advice  
PCC APPLICATION FEE**

Applicant Name:

Please . . .

remit with completed application

Account Number	<b>New Application</b>	PCA	<b>40070</b>
Fund	<b>2971</b>	Agency Object	<b>3790</b>
Payment Code	<b>5540</b>	Amount Enclosed	<b>\$500.00</b>

**TEXAS DEPARTMENT OF BANKING**  
**APPLICATION FOR CERTIFICATE OF AUTHORITY**  
**TO OPERATE A PERPETUAL CARE CEMETERY**  
(Pursuant to Chapters 711 and 712 of the Health and Safety Code)

**FILING FEE REQUIRED \$500.00**

**(CHECK OR MONEY ORDER TO BE ATTACHED TO ENCLOSED BILLING STATEMENT)**

1. Name of Corporation: \_\_\_\_\_
2. "Doing Business As" Name: \_\_\_\_\_
3. Location:
  - (a) Domicile Mailing Address: \_\_\_\_\_  
Domicile Mailing Address  
\_\_\_\_\_  
City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code
  - (b) Corporate Mailing Address:  
(If Applicable) \_\_\_\_\_  
Corporate Mailing Address  
\_\_\_\_\_  
City, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code
  - (c) Cemetery Physical Address: \_\_\_\_\_  
Cemetery Physical Address  
\_\_\_\_\_  
City, \_\_\_\_\_ County, \_\_\_\_\_ State, \_\_\_\_\_ Zip Code
4. Telephone Number: \_\_\_\_\_  
(Area Code) Number
5. Fax Number / E-Mail Address: \_\_\_\_\_  
(Area Code) Number \_\_\_\_\_ E-Mail Address
6. Person to contact concerning questions about the application: \_\_\_\_\_

# TEXAS DEPARTMENT OF BANKING

7. Corporate Officers:

	NAME	DATE APPOINTED TO OFFICE
President:	_____	_____
Vice President:	_____	_____
Secretary:	_____	_____
Treasurer:	_____	_____

8. List stockholders who own more than 20% of the outstanding corporate stock:

NAME	PERCENTAGE OWNED	NAME	PERCENTAGE OWNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Does the location of the cemetery meet the requirements of Section 711.008, Health and Safety Code?

\_\_\_\_\_

10. Give the name and complete mailing address of the depository where the perpetual care trust fund is to be placed.

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

Provide the name of the depository officer who will handle this account: \_\_\_\_\_

11. Provide the name and complete mailing address of any person or entity to which the capital stock or assets of the corporation are or will be pledged as security for any loan.

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

12. Provide the name and complete mailing address of the person who will actively manage the cemetery operations of the corporation along with a brief statement of that person's working experience in the cemetery industry.

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

13. Provide the information requested below regarding the filing of the map or plat **and** the recording of the declaration of dedication of cemetery property with the county clerk.

DATE FILED	DOCUMENT NUMBER	LOCATION OF RECORD (I.E. VOLUME & PAGE NUMBER)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# TEXAS DEPARTMENT OF BANKING

\_\_\_\_\_  
Name of Corporation

By: \_\_\_\_\_  
Signature and Title of Officer of the Applicant

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

## KNOW ALL MEN BY THESE PRESENTS

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_,  
Name of Applicant's Officer

being duly sworn, deposes and says that he/she signed the foregoing application as \_\_\_\_\_  
Title or Capacity of Representative

of the applicant, having full authority to sign such application in said capacity; that he/she has read said application and that the attached exhibits, and information contained therein is true, that he/she has examined all statements, answers and representations therein contained and that each of such statements, answers and representations are true; that no material fact in answer to the several questions has been omitted; and that applicant is familiar with and will abide by the provisions of Chapters 711 and 712, Texas Health and Safety Code.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

(SEAL)

\_\_\_\_\_  
(Signature of Notary Public)

# ASSUMED NAME CERTIFICATES

## Exhibit “B”

A corporation, limited partnership, or limited liability company doing business under an assumed name must file an assumed name certificate with the Secretary of State in addition to their county clerk in accordance with Section 36.11 of the Texas Business and Commerce Code.

For purposes of filing with the Secretary of State, the corporation should submit an originally executed assumed name certificate accompanied by the filing fee of \$25.00 to:

Secretary of State  
Statutory Filings Division  
Corporation Section  
P. O. Box 13697  
Austin, Texas 78711-3697  
(512)463-5555  
[www.sos.state.tx.us](http://www.sos.state.tx.us)

# **CERTIFICATE OF GOOD STANDING**

## **Exhibit "G"**

To All Corporations:

The 70th Legislature passed House Bill 175, which provides that after August 31, 1987, a corporation that is delinquent in their franchise tax ". . . may not be awarded a contract by the state or an agency of the state and may not be granted a permit or license by the state or an agency of the state." You must submit a "Certificate of Account Status" with all applications and renewals.

This certificate is available from the Comptroller's office to corporations upon written request. Include your taxpayer name, ID number, and charter number with your request. A Certificate of Account Status is only valid for a specific period of time. It is not a permanent certificate and an expiration date will appear on the face. A certificate can be obtained by contacting:

State Comptroller's Office  
Attn: Account Correspondence and Maintenance  
Capital Station  
Austin, Texas 78774  
Interstate Wats: 1-800-252-5555  
Austin Telephone: (512) 463-4600

**AUTHORIZATION FOR DIRECT PAYMENT  
OF REGULATORY ASSESSMENTS (ACH DEBIT)**

**Exhibit "M"**

I hereby authorize the Texas Department of Banking (the "DOB") and/or the Texas Comptroller of Public Accounts, on behalf of the DOB, to initiate debit entries to the deposit account (the "account") indicated below at the depository financial institution (the "Depository") indicated below, and to debit the same to the account. I understand that debit entries will be initiated from the account to pay annual renewal and assessment fees owed the DOB pursuant to Section 26.1 of the Texas Administrative Code and that I will be given at least 15 days notice prior to the debit entry. I acknowledge that the entries must comply with the provisions of U.S. law.

THE ACCOUNT INFORMATION MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Contact Name \_\_\_\_\_

Bank Contact Phone Number \_\_\_\_\_

ACH/Routing Number (9 digit number) \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_  
Savings

**FEES CAN NOT BE WITHDRAWN FROM YOUR  
PERPETUAL CARE TRUST ACCOUNT**

This authorization will remain in effect unless terminated because of a corporate reorganization. The account information will remain effective unless modified because of a change in the account to which debits are authorized. I understand that written notice of a termination or modification must be provided to the DOB at least 30 days in advance of a scheduled debit.

Name of Certificate Holder \_\_\_\_\_

Certificate Number \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_