



## **Operation of Pet Cemeteries and Pet Crematoriums Application**

*Please take the time to read the instructions in this package carefully before beginning the application form. Incomplete forms will be returned, delaying licensure. Any omission, inaccuracy or failure to make full disclosure in an application may be deemed sufficient reason to deny a license or could result in the suspension or revocation, if one is issued.*

### **What is in this package?**

This application package includes the instructions and form you will need to apply for licensure as an operator of pet cemeteries and pet crematoriums. A completed application will include the double-sided application form; a certified copy of the dedication, including a copy of a survey map and zoning approvals (where applicable) and the application fee.

### **Who should apply for a pet cemetery or pet crematorium license?**

Anyone who wishes to operate a pet cemetery or pet crematorium.

### **What are the application fees and terms of licensure?**

The nonrefundable application fee for an operator of pet cemeteries and pet crematoriums is \$150; the license will be effective for 2 years.

### **What forms of payment do you accept?**

You may pay by check or money order made payable to the Department of State or charge any fee to MasterCard or Visa, using the enclosed credit card authorization form. Do not send cash. **Application fees are nonrefundable.** A \$20 fee will be charged for any check returned by your bank.

### **What are the license requirements?**

Any pet cemetery which buries five or more animals per year:

1. should consist of at least 5 acres of real property in total area (this requirement is waived for pet cemeteries or pet crematoriums in existence prior to January 14, 1993).
2. must establish a trust fund for the permanent operation and maintenance of the cemetery in the amount of \$12,000 before the acceptance of any monies as annual maintenance fees.

3. must file a dedication restricting the real property to be used only for the operation of a pet cemetery. A certified copy of that dedication must be filed with this application. Filing must include a copy of a survey map and zoning approvals.

### **What other laws may apply to pet cemeteries and pet crematoriums?**

The Environmental Conservation Law - Article 27 - Section 27-0701 - Title 7 - Solid Waste Management & Resource Recovery Fund. You may wish to consult with the Department of Environmental Conservation for additional information.

### **Do I need to complete the Child Support Statement section of the application?**

Yes, if you are applying as an individual (i.e., as a sole proprietor of a pet cemetery or pet crematorium), a Child Support Statement is mandatory in New York State (General Obligations Law). The law requires you to complete this section — regardless of whether or not you have children or any support obligation.

Corporations, partnerships and limited liability companies do *not* need to sign the Child Support Statement.

**Any person who is four months or more in arrears in child support may be subject to having his or her business, professional and driver's licenses suspended.** The intentional submission of a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under §175.35 of the Penal Law. It is a class E felony to offer a false instrument for filing with a state or local government with the intent to defraud.

### **PRIVACY NOTIFICATION**

#### **Do I need to provide my Social Security and federal ID numbers on the application?**

Yes. The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, busi-

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nesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law, and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the

Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

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*It is important that you notify this division of any changes to your business address so you can receive renewal notices and any other notifications pertinent to your license.*

FOR OFFICE  
USE ONLY

UNIQUE ID

CLASS

EMP CLASS

CASH NUMBER

FEE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\$150**

# Operation of Pet Cemeteries and Pet Crematoriums Application

NYS Department of State  
DIVISION OF LICENSING SERVICES  
P.O. Box 22001  
Albany, NY 12201-2001

## I am applying as a(n):

- Individual     
  Partnership     
  Trade Name     
  Corporation  
 Limited Liability Company     
  Limited Liability Partnership

## Type of services to be provided:

- Cemetery     
  Crematorium     
  Both

## PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	MIDDLE INITIAL	SUFFIX
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APPLICANT'S HOME ADDRESS NUMBER AND STREET \_\_\_\_\_

CITY	STATE	ZIP+4	COUNTY
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DAYTIME PHONE NUMBER (IF PROBLEM WITH APPLICATION) (    )	SOCIAL SECURITY NUMBER (SEE PRIVACY NOTIFICATION)	FEDERAL ID NUMBER (SEE PRIVACY NOTIFICATION)
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E-MAIL ADDRESS (IF ANY) \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

PRINCIPAL BUSINESS ADDRESS NUMBER AND STREET \_\_\_\_\_

CITY	STATE	ZIP+4	COUNTY
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If you are providing cemetery services, date cemetery was formed \_\_\_\_\_

## Please attach:

- A statement that no annual maintenance fees will be collected or that a \$12,000 trust fund has been established at the following financial institution:

Name \_\_\_\_\_

Business Address \_\_\_\_\_

STREET	CITY	STATE	ZIP+4	COUNTY
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- Dedication, survey map and zoning approvals are attached:       Yes       No

Enter **BRANCH OFFICE** address information below; do not enter home or principal office address here:

NUMBER AND STREET	CITY	STATE	ZIP+4 AND COUNTY
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NUMBER AND STREET	CITY	STATE	ZIP+4 AND COUNTY
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NUMBER AND STREET	CITY	STATE	ZIP+4 AND COUNTY
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NUMBER AND STREET	CITY	STATE	ZIP+4 AND COUNTY
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Operation of Pet Cemeteries & Pet Crematoriums

**BACKGROUND INFORMATION**

**YES**

**NO**

- 1. Have you ever been convicted in this state or elsewhere of any criminal offense that is a misdemeanor or a felony? (If YES, submit a written explanation giving the place, court jurisdiction, nature of the offense, sentence and/or other disposition. You must provide a copy of the accusatory instrument — e.g., indictment, criminal information or complaint — and a Certificate of Disposition. If you possess or have received a Certificate of Relief from Disabilities, Certificate of Good Conduct or Executive Pardon, you must provide a copy of same.) \_\_\_\_\_
- 2. Are there any criminal charges (misdemeanors or felonies) pending against you in any court in this state or elsewhere? (If YES, you must provide a copy of the accusatory instrument — e.g., indictment, criminal information or complaint.) \_\_\_\_\_
- 3. Has any license or permit issued to you or a company in which you are or were a principal in New York State or elsewhere ever been revoked, suspended or denied? \_\_\_\_\_
- 4. Are you performing crematorium services? Crematoriums are regulated by ENCON (see instructions regarding Facilities Designed for Resource Recovery, Section 27-0701 of the ENCON law). \_\_\_\_\_
- 5. I own this business and the Trade Name Certificate has been filed in the office of the county clerk where the business is located. (By signing this application, you are certifying compliance with the requirement.) \_\_\_\_\_
- 6. I am a member of this partnership and the Partnership Certificate has been filed in the office of the county clerk where the business is located. (By signing this application, you are certifying compliance with the requirement.) \_\_\_\_\_
- 7. I am an officer of this corporation and the New York State Certificate of Incorporation provides the authority to engage in the operation of pet cemeteries or pet crematoriums. (By signing this application, you are certifying compliance with the requirement.) \_\_\_\_\_

- If you are applying as an individual or sole proprietor, complete Items 1 and 2, below.
- If you are applying as a corporation, partnership or limited liability company, skip Item 1 and go directly to Item 2 below.

**1 Child Support Statement** — All individual or sole proprietor applicants must complete this section. If you do not complete it, your application will be returned.

“X” A or B, below

I, the undersigned, do hereby certify that (You must “X” A or B, below):

- A.  I am not under obligation to pay child support. (SKIP “B” and go directly to Applicant Affirmation).
- B.  I am under obligation to pay child support (You must “X” any of the four statements below that are true and apply to you):
  - I do not owe four or more months of child support payments.
  - I am making child support payments by income execution or court approved payment plan or by a plan agreed to by the parties.
  - My child support obligation is the subject of a pending court proceeding.
  - I receive public assistance or supplemental social security income.

**2 Applicant Affirmation** — I affirm that I have read and understand the provisions of Article 35-C of the General Business Law and the rules and regulations promulgated thereunder. I further affirm that Workers’ Compensation Insurance/Disability Benefits, for all employees, if applicable, has been secured. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_