



Operation of Pet Cemeteries and Pet Crematoriums Application

Please take the time to read the instructions 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 a 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.

Child Support Statement

A Child support statement is mandatory in New York State (General Obligations Law) regardless of whether or not you have children or any support obligation. **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 license suspended.** The intentional submission of a false written statement for the purpose of frustration 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, if you have a social security number or Federal ID number, you are required to provide this number. If you do not have a social security number or Federal ID number, please provide a written explanation.

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, businesses 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 Commission 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 state 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 Direction of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

WOULD YOU LIKE TO REGISTER TO VOTE?

Please visit the NY State Board of Elections at www.elections.ny.gov/votingregister.html or call **1-800-FOR-VOTE** to request a NYS Voter Registration form.

To register online, please visit www.ny.gov/services/register-vote.

FOR OFFICE
USE ONLY

UNIQUE ID

CLASS

EMP CLASS

CASH NUMBER

FEE

\$150



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Customer Service: (518) 474-4429
www.dos.ny.gov

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I am apply 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

APPLICANT'S HOME ADDRESS NUMBER AND STREET

CITY STATE ZIP+4 COUNTY

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

If you are providing cemetery services, date cemetery was formed _____

Please attach:

1. 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

2. 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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BACKGROUND INFORMATION

YES or 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 Econ 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, read and 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 - By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreement or by plan agreed to by the parties or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental 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 _____

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.

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date ____/____/____ *Gender M F
MM DD YYYY

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment;
- and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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*Sign

*Date