



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Perpetual Care Cemetery Board**

110 Centerview Dr. • Columbia • SC • 29210  
 P.O. Box 11329 • Columbia • SC 29211-1329  
 Phone: 803-896-4497 • [contact.cemetery@llr.sc.gov](mailto:contact.cemetery@llr.sc.gov) • Fax: 803-896-4554  
[www.llronline.com/POL/Cemetery/](http://www.llronline.com/POL/Cemetery/)



**Documents to be Submitted with Application**

Cemetery Name: \_\_\_\_\_ License #: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Number of Acres: \_\_\_\_\_ City Location: \_\_\_\_\_

- New Cemetery License       Change of Ownership       Change of Manager  
 (Complete 4-page application and include Manager Resume)

**Each application must include the following items:**

Please mark each document with the corresponding item number for easy identification.

**ITEM**

- \_\_\_\_\_ 1. Legal Entity Documents (*Documentation of legal entity owning the cemetery (Articles of Incorporation, partnership Agreement, etc.) and the proposed financial structure. (§40-8-90(A)(1)(a)) Include contact names and telephone numbers if not listed on the application.*)
- \_\_\_\_\_ 2. Trust Agreement (*Copy of the irrevocable trust agreement with a trust institution doing business in SC. (§40-8-90(A)(1)(b)) **Do not attach checks for the trust account***)
- \_\_\_\_\_ 3. Agreed Upon Procedures (Audit) by an independent CPA (*§40-8-100(a) Care & Maintenance Trust Fund & Merchandise Account reports are up to date.*)
- \_\_\_\_\_ 4. Plat (*Plat of the land used (or to be used) for the cemetery showing the county or municipality and the names of the access roads. §40-8-90(A)(1)(c))*  
*Acres Requirement (acreage tract of the proposed cemetery must have a minimum of 30 acres except where counties with a population less than thirty-five thousand only need a minimum of 15 acres, two of the minimum acres must be developed ready for burial, or meet Section 40-8-90(C), with evidence, by title insurance policy or certificate or certification by an attorney at law, that the applicant is the owner in fee simple of the tract of land which must contain not less than thirty acres, and may not mortgage, lease, or encumber it. In counties with a population of less than thirty-five thousand inhabitants according to the latest official United States census, the tract needs to be only fifteen acres (§40-8-90(A)(4)(c))*
- \_\_\_\_\_ 5. Manager Resume (*Documentation of the proposed manager's perpetual care cemetery experience. (§40-8-90(A)(1)(d)) (Chap. 21-5)*)
- \_\_\_\_\_ 6. Development Plans (*§40-8-90(A)(1)(e)*)
- \_\_\_\_\_ 7. Title Information (*Legal description of the cemetery property along with either a title information or an attorney's certificate of title showing the land to be held in fee simple by the ownership entity and that it is free from mortgages, liens, leases or other encumbrances. (§40-8-90(A)(4)(C))*)
- \_\_\_\_\_ 8. Rules & Regulations (*Copies of the following policies, procedures or schedules (§40-8-90(A)(4)(d))*)
  - \_\_\_\_\_ a. Memorial Purchase Policy (*Policy for the use, care control, management, restriction and protection of the cemetery. (§40-8-100(C)) (Statement on purchasing memorials. (§40-8-100(D))*)
  - \_\_\_\_\_ b. Memorial Specifications Policy (*Policy on the type, design, composition, finish, specifications and installation of merchandise to be used in the cemetery. (§40-8-100(D))*)
  - \_\_\_\_\_ c. Memorial Installation Charges (*Schedule of reasonable charges related to the installation, care and maintenance of a marker. (§40-8-100(E))*)
  - \_\_\_\_\_ d. Full Schedule of Charges (*A full and complete schedule of charges for services provided by the cemetery. (§40-8-110(J)) Also sales disclosures. (§40-8-100(G))*)
- \_\_\_\_\_ 9. Sale Contract (Goods & Services)

**Additional Documents needed for Sale of Cemetery** (*SC Code of Regulations Chapter 21-25*)

- \_\_\_\_\_ 10. Copy of Sale Agreement (*Copy of the cemetery sale contract excluding purchase price.*)
- \_\_\_\_\_ 11. Verification of funds in the irrevocable Care & Maintenance Trust Fund and Merchandise Account.
- \_\_\_\_\_ 12. A certificate signed by the purchaser assuming liabilities of the existing cemetery company.
- \_\_\_\_\_ 13. The financial structure of the existing cemetery company.
- \_\_\_\_\_ 14. A financial statement of the purchaser.



12. Type of business (select only one)

Sole Proprietorship: \_\_\_\_\_  
Partnership: \_\_\_\_\_  
Association: \_\_\_\_\_  
Limited Liability Company: \_\_\_\_\_  
Corporation: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

13. Company's fiscal year beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

14. Is the cemetery company properly registered (in accordance with the laws of state of South Carolina) to conduct business in South Carolina? YES \_\_\_\_\_ NO \_\_\_\_\_ (If no, this application cannot be processed.)

- a. All corporations and limited liability companies (including out-of-state businesses) who wish to conduct business in South Carolina must register with the South Carolina Secretary of State prior to applying for licensure with the South Carolina Perpetual Care Cemetery Board.
- b. All companies must comply with the local business licensing requirements of the county, city or town in which they are conducting business.

15. Enter the name (first, middle initial, last and generation) title, address and social security number of all company officers and directors (i.e., the sole proprietor, the partners of your partnership, the officers and/or directors of your association, the managers or members of your limited company, or the officers of your corporation. (use additional sheets if necessary)

Name	Title	Home Address	Social Security Number

16. Company's Registered Agent: \_\_\_\_\_  
First Middle Last Suffix

17. Registered Agent's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

18. Cemetery Manager Name: \_\_\_\_\_  
First Middle Last Suffix

19. Manager's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

20. Manager's Social Security Number: \_\_\_\_\_

21. Manager's Experience: Number of years \_\_\_\_\_ Where: \_\_\_\_\_

22. Has your company, any of your officers or directors listed in #15, or your manager ever been subject to any disciplinary action imposed by any (including South Carolina) local, state or national regulatory body?

NO \_\_\_\_\_

YES \_\_\_\_\_

If yes, list the jurisdiction in which the disciplinary action took place and the type of license and license number. Provide an explanation of events, including a description of the disciplinary proceeding and any type of sanctions that were imposed (i.e., suspension, revocation, voluntary surrender of license, monetary penalty, fine, reprimand, etc.). Attach copies of any correspondence or documentation (including a copy of final order, decree or case decision) related to this matter. If necessary, you may attach a separate sheet of paper.

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23. Has your company, any of your company officers or directors listed in #15 or your manager agent ever been convicted in any jurisdiction of any felony or crimes of moral turpitude Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as minor in the juvenile court system.

NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, list the information requested in #23

24. If you answered "YES" to question #22, list the conviction(s). Attach a copy of all applicable criminal convictions, state police and court records; information on the current status of incarceration, parole, probation, etc.; and any other information you wish to have considered with this application (i.e., reference letters, documentation of rehabilitation, financial misdemeanors, etc.). If necessary, you may attach a separate sheet of paper.

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25. Irrevocable Care & Maintenance Trust Fund Trustee: \_\_\_\_\_

26. Irrevocable Care & Maintenance Trustee's Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

27. Irrevocable Care & Maintenance Trustee Contact Person: \_\_\_\_\_

28. Contact Person's Title: \_\_\_\_\_



# **TRUST AGREEMENT GUIDELINES**

**(TRUST AGREEMENT MUST ACCOMPANY INITIAL CEMETERY APPLICATION)**

## **TRUST FUND (CEMETERY) REQUIREMENTS-40-8-90; 40-8-110**

1. Name of legal entity to conduct cemetery business
2. Proposed financial structure (no Lien's, free and clear)
3. Plat of land to be used for cemetery, showing the county or municipality and the names of roads and access streets or ways
4. General Manager - with two years' experience in the cemetery business
5. Development plans sufficient to ensure that the cemetery shall provide adequate cemetery services and that the property is suitable for use as a cemetery
6. FEE SIMPLE -Applicant owns the tract of land in fee simple;
7. TWO ACRES is ready for burial at time of application
8. 30 ACRES minimum (15 acres if there are less than 35,000 inhabitants in the municipality);
9. NO MORTGAGE, lease or encumbrance may exist or be placed upon the property

## **TRUSTS**

10. MUST BE IRREVOCABLE.
11. Name, Date, Location, Address - (For Both the Applicant and the Trustee)
12. Trust institution doing business in this State
13. \$15,000 MINIMUM Deposit made
14. Net income of the care and maintenance trust fund must be used solely for the care and maintenance of the cemetery, for reasonable costs of administering the care and maintenance, and for reasonable costs of administering the trust fund. This information must be included in the sales contract. 40-8-110(B). The corpus or principal of the trust cannot be withdrawn without permission of the Board.
15. LETTER FROM TRUSTEE BANK – Letter from Applicant's Bank (Trustee) stating that the trust has been accepted and meets the Bank's requirements. 40-8-90(A)(1)(b)



**E-mail Address: Contact.Cemetery@llr.sc.gov**

**PERPETUAL CARE TRUST FUND AFFIDAVIT**

**THIS AFFIDAVIT MUST BE SUBMITTED WITH ALL CEMETERY COMPANY LICENSE APPLICATIONS**

1. Cemetery Company Name: \_\_\_\_\_
2. Cemetery Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_
3. South Carolina Cemetery license number: \_\_\_\_\_
4. Name of Trustee: \_\_\_\_\_
5. Trustee's Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_
6. Trustee Contact Person: \_\_\_\_\_
7. Trustee Contact Person's Title: \_\_\_\_\_
8. Telephone & Facsimile Numbers: \_\_\_\_\_  

Telephone
Facsimile
9. Trust Account Number: \_\_\_\_\_
10. Date of Trust Account Agreement: \_\_\_\_\_
11. Current Balance of Trust Fund: \_\_\_\_\_
12. I certify that the cemetery company listed in #1 has established an irrevocable trust fund in the amount of at least \$15,000 for the perpetual care of its cemetery.

\_\_\_\_\_  
 Trustee's Signature Date

**Notary**  
 In the State of \_\_\_\_\_, City/County of \_\_\_\_\_, Subscribed and sworn  
 Before me, the undersigned Notary Public in and for the city/county aforesaid this \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.  
 My commission expires the \_\_\_\_\_, day of \_\_\_\_\_, \_\_\_\_\_.

Affix official seal here. \_\_\_\_\_  
 Signature of Notary Public