



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 • Fax: 803-896-4554
www.llr.sc.gov/POL/Cemetery/



Documents to be Submitted with Application

Cemetery Name: _____ License No.: _____

Corporation Name: _____ Manager's Name: _____

Phone No.: _____ No. 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)) (If there are no future plans provide a written statement indicating so.)
- _____ 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.



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License No.: _____

RETURN FORM AND PAYMENT TO:
 S.C. Dept. of Labor, Licensing and Regulation
 Perpetual Care Cemetery Board

Mailing Address:
 PO Box 11329, Columbia, South Carolina 29211-1329

Street Address:
 110 Centerview Drive, Columbia SC 29210-8432
 Email: Contact.Cemetery@llr.sc.gov

FOR BOARD USE ONLY	
Application/Processing - \$250	
License – Greater than 10 Acres - \$850	
License – Less than 10 Acres - \$400	
License Issued	

- New Change of Ownership Change of Manager Reinstatement

1. Cemetery Company Name: _____
2. Trade (DBA) Name: _____
3. Federal Employer Identification No.: _____
4. Cemetery Street Address: (PO Box not accepted) _____
 City, State, Zip Code: _____
5. Mailing Address: _____
 City, State, Zip Code: _____
6. Email Address: _____
7. Telephone No.: () _____ Fax No.: () _____
8. Number of acres included in cemetery: Total Acres: _____ Developed Acres: _____
9. Are there any portions of the cemetery that are non-perpetual care? Yes No
 If Yes, how many acres? _____
10. Company's principal place of business: _____
11. Date when cemetery was established: _____
12. Type of business: (Select one only)
 - 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.

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: _____
29. Telephone No.: () _____ Fax No.: () _____
30. Is the Perpetual Care Trust Fund Trustee a South Carolina trust company or trust subsidiary of federal insured bank or saving institution doing business in the state of South Carolina? Yes No
31. Preneed Merchandise Account Holder: _____
32. Preneed Merchandise Holder Address: _____
 City, State, Zip Code: _____
33. Preneed Merchandise Holder Contact Person: _____
34. Contact Person's Title: _____
35. Telephone No.: () _____ Fax No.: () _____
36. Is the Preneed Merchandise Account Holder a South Carolina financial institution licensed to do business in this State? Yes No

I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I will notify the Department if the company, company officers or directors, or manager agent is subject to any disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the request license. I also certify that I understand, and have complied with, all the laws of South Carolina related to cemetery company licensure.

 Manager Signature

 Date

 Print Name of Manager

DISCLAIMER: The Board and staff conduct only a limited review of the trust for inclusion of statutory elements. The applicant remains responsible for compliance with the Act and that review and acceptance of the trust or other documents by the staff or board does not relieve the Applicant of any of its legal obligations. Further that, because of the limited nature of the review, to the extent that any or all parts of the trust agreement and terms are in conflict with the Act or any State, Federal or other law, the provision of the trust shall be null and void.

A COMPLETED PERPETUAL CARE TRUST FUND TRUSTEE VERIFICATION MUST ACCOMPANY THIS APPLICATION

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)



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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 No.: _____
4. Name of Trustee: _____
5. Trustee's Address: _____
6. Trustee Contact Person: _____
7. Trustee Contact Person's Title: _____
8. Telephone No.: (____) _____ Fax No.: (____) _____
9. Trust Account No.: _____
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 _____, 20____.

Seal

Signature of Notary Public