



## 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](http://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](http://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

## Operation of Pet Cemeteries and Pet Crematoriums Application

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)

(    )  
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

NUMBER AND STREET    CITY    STATE    ZIP+4 AND COUNTY

NUMBER AND STREET    CITY    STATE    ZIP+4 AND COUNTY

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).**

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➤ 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.

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**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.

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**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 \_\_\_\_\_

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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.**