

# NORTH CAROLINA BOARD OF FUNERAL SERVICE



1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

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## **2017 APPLICATION FOR RENEWAL OF FUNERAL ESTABLISHMENT LICENSE** COMPLETE ALL INFORMATION ON **FRONT** AND **BACK** OF THIS FORM

**NOTE:** Funeral establishment permits expire **December 31, 2016**. This application for renewal and fee of **\$200** for the 2017 permit are due by **December 31, 2016**. Renewal applications and fees **received after February 1, 2017** must include a **\$100 late fee**. **Establishments may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activities requiring the establishment permit between January 1, 2017 and the date of renewal.**

1. Business Name of Funeral Establishment: \_\_\_\_\_
2. Physical Address of Establishment: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address of Establishment (if different than Physical Address): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Does this establishment claim the "grandfather clause" because it held an establishment permit on January 1, 1988, and the controlling interest has not been sold: \_\_\_\_\_ YES \_\_\_\_\_ NO
4. Establishment Owned by: \_\_\_\_\_ (A) Individual \_\_\_\_\_ (B) Partnership \_\_\_\_\_ (C) Corporation \_\_\_\_\_ (D) Limited Liability Company
  - A. If establishment owned by an individual, list the name and license of the individual owner (individual must be licensed by the Board as a funeral director or funeral service licensee): \_\_\_\_\_
  - B. If establishment owned by a partnership, list the names of the partners and the license number(s) of any partner(s) licensed by the Board (at least one partner must be licensed by the Board as a funeral director or funeral service licensee): \_\_\_\_\_  
\_\_\_\_\_
  - C. If establishment owned by a corporation, list the corporation name (including the name of the parent corporation, if applicable), the names of the officers and each officer's respective position (an individual licensed by the Board as a funeral director or funeral service licensee must be the President, Vice President, or Chairman of the Board of Directors): \_\_\_\_\_  
\_\_\_\_\_
  - D. If establishment owned by a limited liability company, list the members of the LLC (at least one member must be licensed by the Board as a funeral director or funeral service licensee): \_\_\_\_\_  
\_\_\_\_\_
5. If the establishment is owned by a corporation or Limited Liability Company, you must attach to this application documentation that the establishment is in good standing with the Secretary of State. You may search for your establishment at: <http://www.secretary.state.nc.us/search/index/corp>. A print-out from the Secretary of State's website showing the establishment's legal name, status, address(es), and list of officers/members/officials will suffice. Please note that if your establishment's print-out does not contain a list of the establishment's officers/members/officials, you must also provide separate documentation that you have filed the appropriate Articles of Incorporation/Articles of Organization listing the establishment's officers/members/officials with the Secretary of State. You may contact the Secretary of State by phone at (919) 807-2225 or by fax at (919) 807-2039. **Please note that applications submitted without sufficient documentary proof from the Secretary of State will be returned.**
6. If your establishment is registered with the Secretary of State and does business as a name other than its legal registered name, you must attach to this application a copy of the Certificate of Assumed Name filed with the Register of Deeds in the county where your establishment is located. **Please note that applications submitted without this documentation will be returned.**

7. Since last year's renewal, has any individual owner, partner, officer, member of the board of directors, member of the LLC, or other company official been denied a license to engage in any occupation or profession in another state, the District of Columbia or any foreign country or had such license suspended, revoked or placed on probation?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, attach a statement providing complete details as to the reason for denial and the date, location and details of any violation that led to action against your license, the terms of any license by the licensing authority and whether said terms have been satisfied.
8. Since last year's renewal, has any individual owner, partner, officer, member of the board of directors, member of the LLC, or other company official been convicted of any felony or misdemeanor crime(s) (other than traffic infractions)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, attach a detailed statement providing the jurisdiction, charge, and disposition of each conviction.
9. Does the applicant have the right to occupy the property by lease or deed? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Does the preparation room meet the statutory requirements of N.C. General Statute 90-210.27A? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have any changes been made in the preparation room since the last renewal? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. This establishment currently holds a Preneed License. \_\_\_\_\_ Yes \_\_\_\_\_ No  
 This establishment sells: \_\_\_\_\_ Trust funded preneed \_\_\_\_\_ Insurance funded preneed
12. If embalming is done in an off-premises embalming facility, state name and address: \_\_\_\_\_  
 \_\_\_\_\_

13. This Establishment's Funeral Directors, Embalmers and Funeral Service Licensees (use a separate page, if necessary):

NAME	TYPE & LICENSE #	FULL TIME	PART TIME (Check One)	PER CASE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Name and license number of the **location** manager. (Do not name a "general" or "office" manager.) Must be a North Carolina licensed Funeral Director or Funeral Service licensee who maintains the immediate and personal supervision, direction and control of the funeral establishment: \_\_\_\_\_

**Manager's name and license number**