



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

PHONE (919) 733-9380
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2017 APPLICATION FOR RENEWAL OF PRENEED FUNERAL ESTABLISHMENT LICENSE

COMPLETE ALL INFORMATION ON **FRONT** AND **BACK** OF THIS FORM

NOTE: Preneed establishment permits expire **December 31, 2016**. This application for renewal and fees of **\$150** for the 2017 establishment permit and \$20 for each preneed sales licensee are due by **December 31, 2016**. Renewal applications and fees **received after February 1, 2017** must include a **\$100 late fee** for establishments and a **\$25 late fee** for each preneed sales licensee. **Establishments may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activity requiring the preneed license between January 1, 2017 and the date of renewal.**

1. Business Name of Funeral Establishment: _____

2. Street Address of Establishment: _____

City: _____ County: _____ Zip: _____

Mailing Address (if different than Street Address): _____

City: _____ County: _____ Zip: _____

Phone #: _____ Fax #: _____ E-mail: _____

3. Establishment Owned by: ___(A) Individual ___(B) Partnership ___(C) Corporation ___(D) Limited Liability Company

Complete appropriate section below. Provide complete name(s) and address(es):

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): _____

(OVER)

FOR OFFICE USE ONLY

Preneed Funeral Establishment No. _____, issued _____

4. If the establishment is owned by a corporation, Limited Liability Company, or partnership, you must attach to this application documentary proof that the establishment is in good standing with the Secretary of State. You may search from 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. You may also contact the Secretary of State by phone at (919) 807-2225, by fax at (919) 807-2039, or by mail at P.O. Box 29622, Raleigh, NC 27626-0622. **Please note that applications submitted without sufficient documentary proof from the Secretary of State will be returned.**
5. Is Applicant Solvent? Yes No If no, attach a detailed explanation.
6. Are there any unsatisfied civil judgments against applicant? Yes No If yes, attach a copy of each.
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. **Refer to Schedule A (attached) and verify all Preneed Sales Licensees registered to sell preneed for your funeral home. Make any necessary corrections, deletions, or additions and include \$20.00 per licensee with this application.**

NORTH CAROLINA
COUNTY OF _____

VERIFICATION

_____, being duly sworn, deposes and says that he/she is the sole proprietor/a partner/an officer/a member, holding the office of _____ (underline which is applicable) of the funeral establishment named above; that by authority duly given to him/her and as the act of the named business entity he/she signs this verification on behalf of the business entity; that he/she has read the foregoing application and that the same is true of his/her own knowledge, except as to matters therein stated upon information and belief, and as to those matters he/she believes them to be true.

Signature of owner/corporate officer/partner

Sworn to and subscribed before me by _____ this the _____ day
Name of applicant

of _____, 20 _____

 Notary Public- Official Signature

S E A L

 Notary Public- Printed Name

My Commission expires _____