1033 Wade Ave., Suite 108
Raleigh, North Carolina 27605

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NORTH CAROLINA BOARD OF FUNERAL SERVICE
APPLICATION FOR UNAFFILIATED LICENSE RENEWAL

orth Carolina General Statute § 90-210.25(a2)(2) states as follows: "In order to engage in the practice of funeral directing or service, such a licensee must own, be employed by, or otherwise be an agent of a licensed funeral establishment; except that such a license may practice funeral directing or funeral service if:
The licensee:

(a) Maintains all of his or her business records at a location made known to the Board and available for inspection by the Board under the same terms and conditions as the business records of a licensed funeral establishment.

(b) Complies with rules and regulations imposed on funeral establishments and the funeral profession that are designed to protect consumers, to include, but not limited to, the Federal Trade Commission's laws and rules requiring General Price Lists and Statements of Goods and Services and

(c) Pays to the Board the funeral establishment license fee required by law and set by the Board.

NOTE: Permits for a funeral director or funeral service licensee registered to practice under G.S. 90-210.25(a2) expire on December 31, 2016. This application for renewal and fee of $200.00 must be received on or before February 1, 2017. After February 1, 2017, there will be a $100.00 late fee for all permit renewals. Licensees may also be subject to additional disciplinary action if found to have conducted or offered to conduct activities without a permit between January 1, 2016 and the date of renewal.

Please complete this application in full. Print or use a typewriter except where a signature is required. Forward the completed application to the NC Board of Funeral Service, 1033 Wade Ave., Suite 108, Raleigh, NC 27605

1. _____ _____ (____)_____
Name of Applicant (Funeral Director or Service Licensee) **License Number** **Telephone Number**

_____

_____ _____
Home Address of Applicant **County**

2. _____ (_____)_____
Name of Business **Work Telephone Number**

_____

_____ _____
Address of Business (include P.O. Box if applicable) **County**

3. Are you registered with the Secretary of State? _____ Yes _____ No If yes, you must attach to this application documentary proof that you are in good standing with the Secretary of State. You may search for your business at: http://www.secretary.state.nc.us/search/index/corp. A print-out from the Secretary of State's website showing the business'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**.

(OVER)

4. Location of funeral establishment or embalming facility where embalming will occur and location where sheltering of remains will occur prior to moving remains to location where services will be held.

_____

_____

5. Part time/per case Funeral Service Licensees and/or Embalmers associated with this business for the purpose of embalming (other than applicant):

NAME	LICENSE # AND TYPE	PART TIME	PER CASE
		(mark one)	
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

VERIFICATION

NORTH CAROLINA

COUNTY OF _____

_____, being duly sworn, deposes and says that he (she) is the
Name of Licensee signing Application

owner of _____ and that he (she) has read the foregoing
Name of Business

application and the same is true to the best of his (her) own knowledge.

_____
Signature

Sworn to and subscribed before me by _____ this _____
Name of Applicant

day of _____, 20 ____.

_____
Notary Public – Official Signature

SEAL

_____
Notary Public – Printed Name

My commission expires: _____

Pursuant to 21 NCAC 34A.0202 and G.S. 25-3-506, a fee of $25.00 will be charged for returned checks.