

**NORTH CAROLINA BOARD OF FUNERAL SERVICE**

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

PHONE (919) 733-9380  
FAX (919) 733-8271

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

**License Year January 1, 2014 – December 31, 2014**

Preneed Establishment License fee - **\$150.00**

(See attached for Sales Licensees- \$20.00 per person)

**APPLICATION FOR PRENEED FUNERAL ESTABLISHMENT LICENSE**

1. Business Name of Funeral Establishment \_\_\_\_\_  
\_\_\_\_\_
  
2. PO Box \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_
  
3. Establishment Owned by: \_\_\_(A) Individual \_\_\_(B) Partnership \_\_\_(C) Corporation \_\_\_(D) Limited Liability Company  
 Complete appropriate section below. Provide complete name(s) and
  - A. List the names and license numbers, if licensed, of the: Individual Owner (individual must be licensed by the Board a funeral director or a funeral service licensee) \_\_\_\_\_
  - B. Partners (at least one partner must licensed by the Board as a funeral director or a funeral service licensee)  
\_\_\_\_\_
  - C. Corporation name, including parent corporation if applicable, the names of officers and their positions (an individual licensed by the Board as a funeral director or a funeral service licensee must be the President, Vice President or Chairman of the Board of Directors) \_\_\_\_\_  
\_\_\_\_\_
  - D. Members of Limited Liability Company (at least one must be licensed by the Board as a funeral director or funeral service licensee) \_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY** Surety Bond confirmed and copy attached \_\_\_\_\_ (staff initials)  
Preneed Funeral Establishment No. \_\_\_\_\_, issued \_\_\_\_\_

4. If the establishment is owned by a corporation, Limited Liability Company, or partnership, is that entity currently in good standing with the NC Secretary of State? (i.e., has not been administratively dissolved or revoked or not placed on revenue suspension.)  Yes  No (if no, attach a statement of explanation)
5. Is Applicant Solvent?  Yes  No If no, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Are there any unsatisfied civil judgments against applicant?  Yes  No  
 If yes, attach a copy.
7. Has the individual owner, any partner, any officer or member of the board of directors, or member of the limited partnership ever been denied a license to engage in any occupation or profession in any state, the District of Columbia or any foreign country, had such license suspended, revoked or placed on probation, or been convicted of a crime, either a misdemeanor or felony since the last renewal?  
 Yes  No
- If you answered yes, attach a statement giving complete details relating to any criminal convictions. For issues relating to an occupational or professional license include jurisdiction, reason for denial the violation that led to action against license Please include relevant documents from the judicial system or from the licensing authority.
8. **Include a copy of the surety bond required by NCGS 90-210.67(b). Bond must be in the amount of fifty thousand dollars (\$50,000) and payable to the NC Board of Funeral Service.**
9. **Refer to Schedule A (attached) and list all Preneed Sales Licensees to sell preneed for your funeral home. 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

**SEAL**

\_\_\_\_\_  
 Notary Public- Printed Name

My Commission expires \_\_\_\_\_

**SCHEDULE A**

**PRENEED SALES LICENSEES**

**North Carolina Board of Funeral Service**

**1033 Wade Avenue, Suite 108  
Raleigh, NC 27605-1158**

Name of Funeral Establishment: \_\_\_\_\_

Address of Funeral Establishment: \_\_\_\_\_

Preneed Establishment Number: \_\_\_\_\_

Each person holding a funeral director's license or a funeral service license issued by the Board is eligible for a preneed sales license. Under this license each preneed sales licensee may engage in all of the activities of preneed funeral planning as defined in G.S. 90-210.60(8). (Additional space is available on reverse side of this document.). **A fee of \$20.00 is due for each Preneed Sales Licensee.**

Name, Address, Telephone No. of Applicant	Funeral Director/Funeral Service License No.	Applicant's Employment or Relationship with Establishment

Attested by: \_\_\_\_\_  
Officer or Manager of Funeral Home

**NOTE THE FOLLOWING:** Pursuant to North Carolina General Statute 90-210.67© licenses expire on December 31 and must be renewed on or before February 1, 2015. After February 1, 2014 there will be a **\$25.00** late fee for all preneed sales license renewals. Licensees may also be subject to additional disciplinary action if found to have conducted or offered to conduct preneed activities with a license between January 1, 2015 and the date of renewal.

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

