



**LOUISIANA STATE BOARD OF EMBALMERS
AND FUNERAL DIRECTORS
3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002
504.838.5109**

CREMATORY AUTHORITY LICENSE APPLICATION

FEE: \$1500.00 (\$1000.00/Fee + \$500.00/Inspection Fee)
Re-inspection fee \$500.00 if applicable

Applications are required to be submitted at least 2 weeks prior to a planned/prospective opening date.

The following documents and fee MUST be submitted with this application: **(copies only (NOT originals))**

- () Copy of Articles of Incorporation, if this license is for a corporation
- () Copy of Articles of Organization, if this license is for a limited liability company
- () Copy of Agreement, if this license is for a partnership or venture
- () Copy of Act of Sale or lease for this location
- () Copy of Department of Environmental Quality Permit to Construct/Operate

****PLEASE DO NOT SUBMIT THIS APPLICATION UNLESS ALL DOCUMENTS HAVE BEEN FINALIZED AND ATTACHED.**

Upon completion of this application, please return all three (3) pages plus fee.

Once this application and attached documentation has been reviewed, a notification will be forwarded by email regarding the prospective date for the initial inspection. PLEASE INCLUDE A VALID EMAIL WITHIN THE APPLICATION IN THE SPACE PROVIDED.

Inspection dates will be scheduled within a two (2) week period pending approval date of the application.

Inspections are scheduled by the Board's office. The office should be notified regarding any changes that may affect the inspection.

Please contact the office for any questions or assistance.

LEGAL NAME OF CREMATORY: _____

MAILING ADDRESS: _____

Street or P.O. Box Number

City

Zip/Postal Code

LOCATION ADDRESS: _____

If different from above

Street

City

Zip/Postal Code

Business phone #: _____ Fax #: _____ Email: _____

1. Is the crematory owned by (check one): ___ Individual ___ Partnership ___ L.L.C. ___ Corporation

A. If individual, give name and address: _____

B. If a partnership or venture, list names and addresses of partners and their proportionate share of interest in the partnership or venture:

Add additional pages as necessary

C. If a corporation or L.L.C., complete the following:

I am making this application for the _____
(Name of Corporation or L.L.C.)

of which I am a registered agent and my affiliation is: _____

(Name and address of Registered Agent)

SHAREHOLDERS/MEMBERS: Number of shares outstanding _____

Name	Address	% of shares owned
------	---------	-------------------

(Use additional sheet if needed)

2. CREMATORY RETORT OPERATORS: please include printed name(s) and license number(s)

I certify that I have complied with the requirements of Louisiana Revised Statutes 37:873 and Chapter 11 of the Rules and Regulations of the Louisiana State Board of Embalmers and Funeral Directors as to the requirements for a crematory, as well as the requirements of the Department of Environmental Quality, and local and state zoning boards.

Signature of Crematory Authority Legal Representative

Date

Signed and Dated at:

City State

This the _____ day of _____, _____.

SEAL

State of _____.

Parish of _____.

Name _____ the above named person, personally known to me, signed this application in my presence and being duly sworn, he/she states that he/she has read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

Notary name Number

My commission expires: _____.