

FEE: \$1500.00 (\$1000.00/Fee + \$500.00/Inspection Fee)

Re-inspection fee \$500.00 if applicable

FUNERAL ESTABLISHMENT LICENSE APPLICATION



**LOUISIANA STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
STATE OF LOUISIANA**

3500 N. Causeway Blvd. Suite 1232, Metairie, LA 70002

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

Please check one: New Establishment Branch/Auxiliary Ownership Change Location Change

LEGAL NAME OF FUNERAL ESTABLISHMENT: _____

NAME AS IT SHOULD APPEAR ON LICENSE: _____

MAILING ADDRESS: _____

Street or P.O. Box Number

City

Zip/Postal Code

LOCATION ADDRESS: _____

Street or P.O. Box Number

City

Zip/Postal Code

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

BUSINESS HOURS OF OPERATION: _____

1. Is this establishment 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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheet if needed)

D. NAMES & ADDRESSES OF OTHER FUNERAL ESTABLISHMENTS OWNED AND OPERATED BY APPLICANT:

(Use additional sheet if needed)

2. NAMES & LICENSE #'s OF LICENSED PERSONNEL:

A. EMBALMERS: _____

B. FUNERAL DIRECTORS: _____

C. TRADE EMBALMERS and/or FUNERAL DIRECTORS: _____

The following documents MUST be submitted with this application and fee: **(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 Inspection report from the State Fire Marshall for this location
- () Copy of Inspection report from the Health Department for this location
- () Copy of Occupancy License

****PLEASE DO NOT SUBMIT THIS APPLICATION UNLESS ALL DOCUMENTS ARE ATTACHED.**

I certify that I have complied with the requirements of Louisiana Revised Statutes 37:842 (D) and Chapter 11 of the Rules and Regulations of the Louisiana State Board of Embalmers and Funeral Directors as to the requirements for a funeral establishment license.

Signature of License Manager & License Number

Date

Signed and Dated at:

City State

This the _____ day of _____, _____.

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: _____.