# FUNERAL ESTABLISHMENT LICENSE RENEWAL APPLICATION

Louisiana State Board of Embalmers and Funeral Directors
Suite 1232, The Executive Towers 3500 N. Causeway Boulevard Metairie, LA 70002

ONLINE RENEWAL IS AVAILABLE ONLINE AT: www.lsbefd.state.ls.us

**LICENSE RENEWAL APPLICATION FEE: $700.00**

(if paying by credit/debit card or online a $28.00 processing fee will apply)

**PLEASE RETURN COMPLETED APPLICATION WITH CORRECT FEE**

**FUNERAL ESTABLISHMENT NAME:** _____

**Print Name Exactly as it should appear on License if other than legal name:**

_____

Mailing Address: Location Address/Parish:

**Business Hours of Operation:** _____
**License Number:** _____ **Email:** _____
**Phone Number:** _____ **Fax Number:** _____
**Type of Establishment:** ____ Individual ____ Partnership or Joint Venture ____ Corporation
**Show Changes in status,** *if any*:

_____

_____

**Name, Address & Phone Number of Registered Agent:** _____

_____

**Licensed Personnel Fully Employed:** ***List names and license numbers***

_____

_____

_____

_____

_____

**Trade employees, temporary licensees, interns & student interns:** ***List names and license or intern numbers***

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**I certify that I have completed with requirements of LA revised statute 37:842 (D) & Chapter 7 of the rules and regulations of the Louisiana State Board of Embalmers and Funeral Directors and Part II, Prepaid Funeral Services or Merchandise, Section 861 of Chapter 10 of title 37 as to the Requirements for a Funeral Establishment License. Any change in ownership of the Funeral Establishment will be reported to the Louisiana State Board of Embalmers & Funeral Directors with full Disclosure as to these changes.**

**Signature of Licensed Manager:** _____ **License Number:** _____

**Date:** _____

**PRENEED REPORTS MUST BE ATTACHED FOR PROCESSING AND CAN BE PRINTED FROM THE WEBSITE AT www.lsbefd.state.la.us**

**FOR LSBEFD OFFICE USE ONLY: Date Renewal Processed:** ____/____/____ **Renewal Processed By:** _____