



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

**FUNERAL ESTABLISHMENT 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 of 2 weeks prior to a planned/prospective opening date.\***

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 HAVE BEEN FINALIZED AND ARE ATTACHED.**

**Upon completion of this application, please return all four (4) 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 with any questions or assistance.**

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: \_\_\_\_\_  
If different from above Street 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 LLC.) \_\_\_\_\_

\_\_\_\_\_

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 NUMBERS OF PERSONNEL:**

**A. EMBALMERS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. FUNERAL DIRECTORS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. TRADE EMBALMERS and/or FUNERAL DIRECTORS:** \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_, \_\_\_\_\_.

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: \_\_\_\_\_.