



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

FUNERAL ESTABLISHMENT LICENSE APPLICATION

**For a
Location Change**

FEE: \$1200.00 (\$700.00/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.

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: _____.