



**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
Name Change**

FEE: \$700.00

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 with changes, if applicable
- () Copy of Articles of Organization, if this license is for a limited liability company with changes, if applicable
- () Copy of Agreement, if this license is for a partnership or venture with changes, if applicable
- () Copy of Occupancy License with changes

****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.

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: _____.