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 the Certificate Occupancy (this is NOT the same as an Occupational License which is a tax certificate)
The Certificate of Occupancy is provided to occupy the building – an Occupational License is a tax certificate for the occupation which will be performed by the business.

**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

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)
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>% of shares owned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Use additional sheet if needed)

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

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

(Use additional sheet if needed)

2. NAMES & LICENSE NUMBERS OF PERSONNEL:

A. EMBALMERS:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

B. FUNERAL DIRECTORS:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

C. TRADE EMBALMERS and/or FUNERAL DIRECTORS:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
I certify that I have complied with the requirements of Louisiana Revised Statues 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: ______________________________.