## NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 Wade Ave., Suite 108, Raleigh, North Carolina 27605

## CREMATORY LICENSEE APPLICATION

1. Name of crematory licensee (the business name of the entity making this application, which is the name in which the

lie	cense will be issued)								
	ddress	City							
_	Street	•	County	Zip					
	ype of business entity (sole proprie		tion, other)						
Location of Crematory(s)  Street Address PO Box									
		City	County	Zip					
A	ddress of Related Business(es) - [F	uneral Home, Cemetery, etc	]						
D	escription of Crematory:								
	(a) Building Used (brick, block,	wood, metal)							
	(b) Stand alone or part of existing	ng building?							
	acilities and Equipment:	37	N		0				
a. b.		Yes	No		sq. ft				
	(1) Manufacturer								
	(2) Model		(3) Year manufactured						
	• • •		ecifically for cremation of human rem						
				· Yes _	No				
	(5) Has ash collection pan			Yes_	No				
	(6) Has hearth or floor without of	lepressions so as to minimize	e commingling of cremated remains.	Yes	No				
	(7) Has door safety switch to sto	op burner operation when fro	nt charging door is opened	Yes	— No				
	(8) Has pollution monitoring system to monitor and detect smoke when density exceeds federal								
	and state standards, whereupon system will automatically stop burner operation on time setting of								
	not less than 3 minutes			Yes _	No				
	(9) Approved by UL or compara	ble testing agency		· Yes _	No				
c.	Pulverization Equipment								
(1) Manufacturer (2) Model (3) Year manufactured									
	(4) Commercially manufactured	, located within crematory, r	made specifically for pulverization of						
	cremains			Yes _	_ No				
	(5) Capable of consistently proc	essing cremains to unidentify	iable dimensions	. Yes _	_ No				
	(6) Dust-resistant processing cha	amber		Yes _	_ No _				
	(7) Exterior surface made of eas	ily cleaned, non-corrosive m	aterial	. Yes	No				
d.	Refrigeration Units								
	(1) Manufacturer								
(2) Model (3) Year manufactured									
	<ul><li>(4) Located in holding facility of this crematory.</li><li>(5) If no, identify other location and state ownership of those premises.</li></ul>								
	(5) If no, identify other location								
	(6) Number of units		h unit						
			es F while loaded with maximum						
	• •	•		Yes	No				
	(8) Sealed concrete, stainless ste								
	walk-in units		N/A	Yes	No				

	(9) Stainless steel, aluminum or oth interior of all units		•		Yes No			
7.	Name of Crematory Manager							
	Address							
	Telephone #	Fax #		E-mail				
	Names of owners, partners, LLC memb	ers, officers:						
8. Name(s) and address(es) of Crematory Technician(s):								
9.	This application <u>must</u> be accompanied a. Copy of building permit (new facil b. Three affidavits of moral character 1. Owners, partners, members or or 2. Crematory Manager	ity applicant) and for:						
	<ul><li>c. Application fee - \$400.00</li><li>d. Copies of educational certificates of</li><li>e. If Crematory Manager is not licens</li></ul>							
10.	O. If the applicant is owned by any corporation, limited liability company, or partnership, is the licensee issued to that en by the NC Secretary of State currently in good standing? (i.e. not administratively dissolved or revoked or not place revenue suspension by The Secretary of State.)  Yes  No (if no, attach a statement of explanation)							
11.	Has the individual owner, any partner, a denied a license to engage in any occup had such license suspended, revoked or turpitude? Yes	pation or profession	on in any state, th	e District of Columbia or ar	ny foreign cour			
	If you answered yes, attach a statement convictions for fraud or moral turpitude denial or the date, location and details license. Include the terms of any action include relevant documents from the ju-	e. For issues relate of the violation the by the licensing	ing to an occupat hat led to action authority and if	tional or professional license against the individual licen the terms have been satisfa	e include reason se or establishr	nen		
12.	Has crematory been the subject of discirregulatory authority? Yes  If yes, attach a statement giving compleany action taken by the authority and if	No ete details as to loc	ation, date and th	ne type of violation. Also, in		s of		
	By writing their initials the peattached copy of requirements for mining CINERATORS and enforced by the Divi	rson completing the	nis application ac as prescribed und	knowledges he/she has read ler 15A NCAC 02D .1208 (		ls		
	Typed or printed name of person preparing applic	eation		Signature				
<u>VE</u>	RIFICATION BY APPLICANT	State of	North Carolina,	County of				
(she is to mat reve	e) is the person who prepared the forego rue of his (her) own knowledge except a sters and things he (she) believes it to loked or suspended under the provisions gulations of the Board of Funeral Service	ing application; the sto matters and the true. The appl of Article 13C, Cl	at he (she) has re ings therein state icant understand hapter 90, Genera	ed on information and belief s that, should a license be	n and that the se and that as to s granted, it may	such y be		
STA	ATE OF NORTH CAROLINA			Signature COUNTY OF				
	Sworn to and subscribed before me	e by	Name of Applicant	this the	day	of		
	, 20	_·	Tippiculit					
	SEAL			Notary Public – Official Signatu	re			
Му	commission expires:							
				Motory Public Printed Mome				