



**NORTH CAROLINA BOARD OF FUNERAL SERVICE**

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

PHONE (919) 733-9380  
FAX (919) 733-8271

**2017 CREMATORY LICENSEE RENEWAL APPLICATION**  
COMPLETE ALL INFORMATION ON **FRONT** AND **BACK** OF THIS FORM

**NOTE: Crematory permits expire December 31, 2016.** A completed renewal application and fee of **\$150** for the 2017 permit are due by **December 31, 2016**. Renewal applications or fees received after February 1, 2017 must include a **\$75** late fee.

1. Name of crematory establishment applying for license renewal: \_\_\_\_\_

2. Address: \_\_\_\_\_  
**Street City County Zip**

3. Type of business entity (individual owner, partnership, corporation, LLC): \_\_\_\_\_

4. Names of owners, partners, LLC members, or officers: \_\_\_\_\_  
\_\_\_\_\_

5. Location of Crematory/Crematories: \_\_\_\_\_  
**Street Address PO Box**  
\_\_\_\_\_ **City County Zip**

Address of Related Business(es) - [Funeral Home, Cemetery, etc.]: \_\_\_\_\_  
\_\_\_\_\_

6. Does the applicant have the right to occupy the property by lease or deed? Yes \_\_\_ No \_\_\_

7. Have any changes been made to the crematory building since the last renewal? Yes \_\_\_ No \_\_\_

If yes, please provide a description of the changes. \_\_\_\_\_  
\_\_\_\_\_

8. Have any changes been made to the following facilities and equipment since the last renewal?

a. Holding Facility Yes \_\_\_ No \_\_\_

b. Cremation Chamber Yes \_\_\_ No \_\_\_

c. Pulverization Equipment Yes \_\_\_ No \_\_\_

d. Refrigeration Units Yes \_\_\_ No \_\_\_

Please provide a description of any changes acknowledged for items in question 8. \_\_\_\_\_  
\_\_\_\_\_

9. Name of Crematory Manager \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

10. Name(s) and address(es) of Crematory Technician(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If the crematory establishment is owned by a corporation, limited liability company or partnership, you must attach to this application documentary proof that the establishment is in good standing with the Secretary of State. You may search for your establishment at: <http://www.secretary.state.nc.us/search/index/corp>. A print-out from the Secretary of State's website showing the establishment's legal name, status, address (es), and list of officers/members/officials will suffice. You may also contact the Department of the Secretary of State by phone at (919) 807-2225, by fax at (919) 807-2039, or by mail at P.O. Box 29622, Raleigh, NC 27626-0622. **Please note that applications submitted without sufficient documentary proof from the Secretary of State will be returned.**
12. Since last year's renewal, has any individual owner, partner, officer, member of the board of directors, member of the LLC, or other company official been denied a license to engage in any occupation or profession in another state, the District of Columbia or any foreign country or had such license suspended, revoked or placed on probation)?  
 Yes  No If yes, attach a statement providing complete details as to the reason for denial and the date, location and details of any violation that led to action against your license, the terms of any license by the licensing authority and whether said terms have been satisfied.
13. Since last year's renewal, has any individual owner, partner, officer, member of the board of directors, member of the LLC, or other company official been convicted of any felony or misdemeanor crime(s) (other than traffic infractions)?  
 If yes, attach a detailed statement providing the jurisdiction, charge, and disposition of each conviction.
14. Has the crematory been the subject of disciplinary action by the North Carolina Board of Funeral Service or any other local, state, or federal agency?  Yes  No If yes, attach a statement giving complete details as to location, date, and the type of violation. Also, include the terms of any action taken by the authority and if those terms have been satisfactorily completed.
15. Does the crematory operate a cremation society?  Yes  No  
 If yes, list the name of the society. \_\_\_\_\_

\_\_\_\_\_ By writing their initials the person completing this application acknowledges he/she has read and understands the enclosed copy of requirements for minimum temperatures as prescribed under 15A NCAC 02D .1208 OTHER INCINERATORS and enforced by the Division of Air Quality, NC Department of Natural Resources.

**VERIFICATION BY APPLICANT**

State of North Carolina, County of \_\_\_\_\_

\_\_\_\_\_ (Crematory Manager), being first duly sworn, deposes and says that he (she) is the registered Crematory Manager of the crematory establishment applying for renewal; that he (she) is the person who prepared the foregoing application; that he (she) has read the foregoing application and that the same is true of his (her) own knowledge except as to matters and things therein stated on information and belief and that as to such matters and things he (she) believes it to be true. The applicant understands that, should a license be granted, it may be revoked or suspended under the provisions of Article 13C, Chapter 90, General Statutes of North Carolina and the Rules and Regulations of the Board of Funeral Service adopted pursuant to said Article.

\_\_\_\_\_  
**Signature of Crematory Manager**

STATE OF NORTH CAROLINA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_  
**Name of Applicant**  
 day of \_\_\_\_\_, 20 \_\_\_\_.

SEAL

\_\_\_\_\_  
**Notary Public – Official Signature**

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Notary Public – Printed Name**