

(COMPLETE ALL INFORMATION ON **FRONT** AND **BACK** OF THIS FORM)
APPLICATION FOR REGISTRATION OF NEW FUNERAL ESTABLISHMENT
(Enclose registration fee of \$250.00)

1. Business Name of Funeral Establishment: _____

2. PO Box _____ Street Address _____

City _____ County _____ Zip _____

Telephone (____) _____ Fax (____) _____

2. Establishment Owned by _____

An Individual Name and license # _____

A Partnership (provide a copy of the partnership agreement) Names and license #'s of partners: _____

A Corporation* (provide a copy of the Articles of Incorporation and bylaws or other minutes reflecting the name(s) of President, Vice-President [if any] and Chairman of the Board [if any] and their license #'s if applicable)

A Limited Liability Company (provide a copy of the Limited Liability Company Operating Agreement)
Member's names and license #'s (of Limited Liability Company) _____

*If owned by a parent corporation please list _____

Has the applicant establishment, sole proprietor, any partner, any officer or member of the board of directors, or member of the limited partnership ever been denied a license to engage in any occupation or profession in any state, the District of Columbia or any foreign country, had such license suspended, revoked or placed on probation, or been convicted of a crime involving fraud or moral turpitude?

No Yes

If you answered yes, attach a statement giving complete details as to charges, trial date and location relating to convictions for fraud or moral turpitude. For issues relating to an occupational or professional license include reason for denial or the date, location and details of the violation that led to action against the individual license or establishment license. Include the terms of any action by the licensing authority and if the terms have been satisfactorily met. Please include relevant documents from the judicial system or from the licensing authority.

4. This establishment claims the "grandfather clause" because it held an establishment permit on January 1, 1988, and the controlling interest has not been sold _____.

5. Does Preparation Room Contain: Standard operating table _____, Instrument sterilizer _____,

Facilities for adequate drainage _____, "Private" sign on door _____, Sanitary waste receptacle _____

Adequate ventilation _____, and covered linen container _____. Size of Preparation Room _____ sq. ft.

What type of floor is in Preparation Room: Concrete _____ Tile _____ Other _____

Describe other _____

(COMPLETE BACK OF FORM)

6. Size of Reposing Room _____ sq. ft.
7. (Optional) Method of waste water disposal: City sewer _____ Septic system _____ Other _____
Describe other _____
8. This establishment currently holds a Preneed License. _____ Yes _____ No
This establishment sells: _____ Trust funded preneed _____ Insurance funded preneed
9. If embalming is done in an off-premises embalming facility, state name and address: _____

10. This Establishment's Funeral Directors, Embalmers and Funeral Service Licensees:

NAME	TYPE & LICENSE #	FULL TIME	PART TIME		PER CASE
			(Check One)		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Name and license number of the **location** manager. (Do not name a "general" manager.) Must be a North Carolina licensed Funeral Director or Funeral Service licensee who maintains the immediate and personal supervision, direction and control of the funeral establishment: _____

NORTH CAROLINA
COUNTY OF _____

VERIFICATION

_____, being duly sworn, deposes and says that he (she) is
Name of Licensed Location Manager Signing Application
manager of _____ and that he (she) has read
Name of Funeral Establishment
the foregoing application and the same is true of his (her) own knowledge.

Signature & License Number of Location Manager

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public

SEAL

My Commission Expires