



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant.
- 2) This application must be accompanied by a fee of \$250.00. Review permit requirements carefully as the fee is non-refundable. Pursuant to 21 NCAC 34A .0202 and N.C.G.S. 25-3-506, a fee of \$25.00 will be charged for returned checks.
- 3) All applications for a funeral establishment permit must be accompanied by proof that the applicant has the right to occupy the premises to be occupied by the funeral establishment (e.g. deed of trust, lease agreement, etc.);
- 4) Applications for a funeral establishment permit will be denied if all of the following documents are not provided to the Board within ninety (90) days following the date this application is submitted:
 - a. proof that a certificate of occupancy has been obtained for the funeral establishment premises;
 - b. copy of the General Price List intended for use by the funeral establishment;
 - c. copy of the Casket Price List intended for use by the funeral establishment;
 - d. copy of the Outer Burial Container Price List intended for use by the funeral establishment; and
 - e. copy of the Statement of Funeral Goods and Services Selected intended for use by the funeral establishment.
- 5) If the funeral establishment is owned by a partnership, this application must be accompanied by a copy of the partnership agreement.
- 6) If the funeral establishment is owned by a corporation, this application must be accompanied by:
 - a. a copy of the Articles of Incorporation of the owning entity; and
 - b. proof that the corporation is in good standing with the NC Secretary of State. You can search for entity status information at: https://www.sosnc.gov/online_services/search/by_title/Business_Registration
- 7) If the funeral establishment is owned by a limited liability company, this application must be accompanied by:
 - a. a copy of the Articles of Organization of the owning entity; and
 - b. proof that the limited liability company is in good standing with the NC Secretary of State. You can search for entity status information at: https://www.sosnc.gov/online_services/search/by_title/Business_Registration
- 8) If the funeral establishment will conduct business in a different name than that of its owning entity, this application must be accompanied by a Assumed Business Name Certificate (N.C.G.S. § 66-71.5).
- 9) If the funeral establishment intends to sell funeral arrangements on a preneed basis, an Application for Preneed Funeral Establishment Permit, fee of \$150.00, and proof that the funeral establishment has obtained at least a \$50,000.00 surety bond is required.
- 10) Applications that are not completed within ninety (90) days of submission to the Board shall be denied.

1. Legal Name of Funeral Establishment: _____

2. Other Names under which Funeral Establishment Conducts Business: _____

3. Physical Address of Funeral Establishment: _____

City: _____ County: _____ Zip: _____

4. Mailing Address of Funeral Establishment (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

5. Phone # of Funeral Establishment: _____ Fax # of Funeral Establishment: _____

6. E-mail Address of Funeral Establishment: _____

7. Ownership of Funeral Establishment (sole proprietorship, partnership, corporation, or LLC): _____

(a) Name of Sole Proprietor: _____

(b) For Partnership or LLC, list each partner / member and his or her respective percentage of ownership: _____

(c) For Corporation, list the name of each corporate officer and his or her position: _____

8. Name(s) and address(es) of any related business(es) (e.g. funeral establishment, crematory, cemetery, etc.):

9. Preparation Room:

(a) Does the preparation room contain a standard operating table? Yes _____ No _____

(b) Is the preparation room equipped with an instrument sterilizer? Yes _____ No _____

(c) Does the preparation room have facilities for adequate drainage? Yes _____ No _____

(d) Does the preparation room have a "private" sign on the door? Yes _____ No _____

(e) Does the preparation room have a sanitary waste receptacle? Yes _____ No _____

(f) Does the preparation room have adequate ventilation? Yes _____ No _____

(g) Is the preparation room equipped with a covered linen container? Yes _____ No _____

10. Will embalming be performed in an embalming facility located outside of the funeral establishment? Yes ___ No ___

11. If yes to Question 10, provide the name and address of the location where embalming will be performed:

12. Full name and license number of the individual who will serve as the licensed location manager:

13. N.C.G.S. § 90-210.27A provides that "[u]nembalmed human remains retained in the custody of a funeral establishment for more than 24 hours shall be kept in a refrigeration unit." If refrigeration is performed in an off-site facility, state the name and address of the facility: _____

14. List the funeral directors, funeral service licensees, and/or embalmers employed by the Funeral Establishment (use additional sheets, if necessary):

<u>Name</u>	<u>License Type</u>	<u>License #</u>	<u>Full-Time</u>	<u>or Part-Time</u>	<u>or Per Case</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. Within the preceding two (2) years, has the Funeral Establishment, or any individual with an ownership interest therein, been the subject of any investigation for employee misclassification?

_____ Yes _____ No **If yes, attach a statement giving complete details as to the results of the investigation.**

NC INDUSTRIAL COMMISSION PUBLIC NOTICE STATEMENT

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers’ Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee’s employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission: Employee Classification Section, North Carolina Industrial Commission, 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

VERIFICATION BY APPLICANT

State of North Carolina, County of _____

_____ (Licensed Location Manager), being first duly sworn, deposes and says that he (she) is the registered licensed location manager of the Funeral Establishment applying for a permit; 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 them 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 Licensed Location 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