



**NORTH CAROLINA BOARD OF FUNERAL SERVICE**

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

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

**APPLICATION FOR CHAPEL 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) Please note that a chapel must be located within a fifty-mile radius of the funeral establishment which owns, operates, or maintains it. Please also note that a funeral establishment cannot own, operate, or maintain more than two (2) chapels.
- 3) This application must be accompanied by a fee of \$150.00. 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.
- 4) All applications for a chapel permit must be accompanied by proof that the applicant has the right to occupy the chapel premises (e.g. deed of trust, lease agreement, etc.).
- 5) Applications that are not completed within ninety (90) days of submission to the North Carolina Board of Funeral Service shall be denied.

1. Name of Chapel: \_\_\_\_\_

2. Physical Address of Chapel: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Chapel (if different than Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Phone # of Chapel: \_\_\_\_\_ Fax # of Chapel: \_\_\_\_\_

4. E-mail Address of Chapel: \_\_\_\_\_

5. Name and Address of Funeral Establishment which owns, operates, or maintains Chapel: \_\_\_\_\_

\_\_\_\_\_

6. Name and license number of the licensed location manager of the Funeral Establishment named in response to Question 5 above:

\_\_\_\_\_

7. Ownership of Chapel (individual, partnership, corporation, or LLC): \_\_\_\_\_

8. Name(s) of individual owner(s), partners, LLC members, or corporate officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Within the preceding two (2) years, has the Chapel, or Funeral Establishment which owns, operates or maintains the Chapel, 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.**

**VERIFICATION BY APPLICANT**

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

\_\_\_\_\_  
(Licensed Location Manager of Funeral Establishment  
Owning, Operating, or Maintaining Chapel), being first duly sworn, deposes and says that he (she) is the registered  
licensed location manager of the Funeral Establishment owning, operating, or maintaining the chapel 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 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 of Funeral Establishment  
Owning, Operating, or Maintaining Chapel**

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**