



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

APPLICATION FOR UNAFFILIATED PRACTICE 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) Applications for an unaffiliated practice 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. a copy of the General Price List intended for use by the unaffiliated practice;
 - b. a copy of the Casket Price List intended for use by the unaffiliated practice;
 - c. a copy of the Outer Burial Container Price List intended for use by the unaffiliated practice; and
 - d. a copy of the Statement of Funeral Goods and Services Selected intended for use by the unaffiliated practice.
- 4) If the unaffiliated practice is owned by a partnership, this application must be accompanied by a copy of the partnership agreement.
- 5) If the unaffiliated practice is owned by a corporation, this application must be accompanied by a copy of the Articles of Incorporation of the owning entity.
- 6) If the unaffiliated practice is owned by a limited liability company, this application must be accompanied by a copy of the Articles of Organization of the owning entity.
- 7) If the unaffiliated practice will conduct business in a different name than that of its owning entity, this application must be accompanied by a Certificate of Assumed Name.

1. Full Name and License # of Applicant: _____

2. Physical Address of Personal Residence: _____

City: _____ County: _____ Zip: _____

Mailing Address of Personal Residence (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

3. Telephone #: _____ Fax #: _____

4. E-mail Address: _____

5. Ownership of Unaffiliated Practice (individual, partnership, corporation, or LLC): _____

6. Name of individual(s)/entity which owns the Unaffiliated Practice: _____

7. Name(s) and respective ownership interest percentages of each individual owner(s), partners, LLC members, or corporate officers:

8. Name and address of funeral establishment or embalming facility where embalming will occur: _____

9. Address of location where unaffiliated practice records will be held: _____

10. Name and address of location where sheltering of remains will occur prior to moving remains to location where funeral services will be held: _____

11. List the funeral directors, funeral service licensees, and/or embalmers employed by the Unaffiliated Practice:

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

12. If the Unaffiliated Practice is owned by a corporation or limited liability company, you must attach to this application documentation that the corporation or limited liability company is in good standing with the NC Secretary of State. You can search for this documentation at: <http://www.secretary.state.nc.us/search/index/corp>.

13. Within the preceding two (2) years, has the Unaffiliated Practice, 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 _____

 (Unaffiliated Practice funeral director or funeral service licensee), being first duly sworn, deposes and says that he (she) is the registered licensee owning and managing the Unaffiliated Practice 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 Unaffiliated Practice funeral director or funeral service licensee

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