



NORTH CAROLINA BOARD OF FUNERAL SERVICE

NEW EMBALMING FACILITY APPLICATION CHECKLIST

This checklist is provided to assist you in gathering each document required to schedule an embalming facility inspection and to receive a new permit number. Each required document must be received and approved prior to a permit number being issued.

Once your application and fee are received, the Compliance Director or his(her) designee will contact you with any questions and/or to schedule on-site inspection.

- 1) All spaces on application filled out completely [including ownership structure, etc.]

Email to: permitapplications@ncbfs.org

- 2) Articles of Incorporation / Organization; Partnership Agreement; etc.
- 3) Assumed Business Name Certificate [if applicable; filed with local register of deeds].
- 4) Secretary of State [verification that corporation or LLC is "Current - Active"].
- 5) Certificate of occupancy [required for new or renovated structures].
- 6) Right of occupancy [deed, rental, lease agreement].

Note: Once your application and fee have been submitted, please allow up to two (2) weeks for an inspection to be conducted.

Each required item must be received prior to a permit number being issued.

The application process must be completed and a permit number issued within 90 days from the application date. Any application failing to be issued a permit number within 90 days will be considered denied.

This form must be signed by a Board inspector and returned with the inspection report.

Inspector

Date



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

PHONE (919) 733-9380

APPLICATION FOR EMBALMING FACILITY PERMIT

INSTRUCTIONS

- i. This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant. Email completed application to: permitapplications@ncbfs.org
- ii. 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 embalming facility: _____
2. Name of funeral establishment the embalming facility will be registered to:

3. Ownership of embalming facility [individual, 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: _____

4. Full name and license number of the funeral establishment manager: _____
5. Full name and license number of the embalming facility manager: _____
6. Do the persons and entity named in response to Questions 3, 4, and 5 above agree not to use the embalming facility for any activity requiring a funeral establishment permit, other than embalming? _____ Yes _____ No
7. Physical Address of embalming facility: _____
City: _____ County: _____ Zip: _____
8. Mailing Address of embalming facility [if different than Physical Address]: _____
City: _____ County: _____ Zip: _____
9. Phone # of embalming facility: _____
10. Name and address of any related business, e.g., funeral establishments or reduction facilities [use additional sheets, if necessary]:

11. Preparation Room:
 - (a) Contains a standard operating table? Yes _____ No _____
 - (b) Has facilities for adequate drainage? Yes _____ No _____
 - (c) Contains sanitary receptacles for storing waste and soiled linens? Yes _____ No _____

- (d) Contains an instrument sterilizer? Yes _____ No _____
- (e) Has wall-to-wall floor covering of material that is easily cleaned? Yes _____ No _____
- (f) Kept in sanitary condition and subject to inspection at all times? Yes _____ No _____
- (g) Entry door[s] has[have] sign[s] indicating preparation room is private? Yes _____ No _____
- (h) Is the preparation room equipped with a covered linen container? Yes _____ No _____
- (i) Does the preparation room have adequate ventilation? Yes _____ No _____
- (j) Contains surgical gloves and clean smocks or gowns? Yes _____ No _____
- (k) Contains non-corrosive tags for the identification of human remains? Yes _____ No _____

12. List the embalmers or funeral service licensees who will use the embalming facility for embalming [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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. Within the preceding two [2] years, has the embalming facility, 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 _____

_____ (Embalming Facility Manager) being first duly sworn, deposes and says 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 13A, 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 Embalming Facility Manager

STATE OF NORTH CAROLINA

COUNTY OF _____

Sworn to and subscribed before me by _____ this the _____

Name of Embalming Facility Manager

day of _____, 20 ____.

SEAL

Notary Public – Official Signature

My commission expires: _____

Notary Public – Printed Name