



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 premises on which the chapel will be located (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 (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. 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.**

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 of Funeral Establishment Owing, 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