



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

APPLICATION FOR CREMATORY LICENSEE 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 \$400.00. 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 crematory licensee permit must be accompanied by:
 - a. proof that the applicant has the right to occupy the premises to be occupied by the crematory licensee (e.g. deed of trust, lease agreement, etc.); and
 - b. copies of current educational certificates confirming that the Crematory Manager and each Crematory Technician employed by the crematory licensee has attended a training course approved by the Board. The Board shall recognize the cremation certificate program that is conducted by the Cremation Association of North America (CANA).
- 4) If the Crematory Manager does not hold an active funeral service or funeral directing license issued by the NC Board of Funeral Service, an Application for Crematory Manager Permit and fee of \$150.00 is required.
- 5) If the crematory licensee is owned by a partnership, this application must be accompanied by a copy of the partnership agreement.
- 6) If the crematory licensee 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 crematory licensee 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 crematory licensee 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) Applications that are not completed within ninety (90) days of submission to the North Carolina Board of Funeral Service shall be denied.

1. Legal Name of Crematory Licensee: _____

2. Other Names under which Crematory Licensee Conducts Business: _____

3. Physical Address of Crematory Licensee: _____

City: _____ County: _____ Zip: _____

4. Mailing Address of Crematory Licensee (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

5. Phone # of Crematory Licensee: _____ Fax # of Crematory Licensee: _____
6. E-mail Address of Crematory Licensee: _____
7. Ownership Structure of Crematory Licensee (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, cemetery, etc.): _____
- _____
9. Description of crematory facility:
- (a) Type of building used (brick, block, wood, metal): _____
- (b) Will the building stand alone? Yes _____ No _____
10. Facilities and Equipment:
- (a) Does the applicant have a holding facility? Yes _____ No _____
- (b) What is the square footage of the holding facility? _____
- (c) Cremation Chamber:
- (i) Manufacturer: _____
- (ii) Model: _____ (iii) Year Manufactured: _____
- (iv) Is the cremation chamber commercially manufactured, within crematory facility, and made specifically for the cremation of human remains? Yes _____ No _____
- (v) Does the cremation chamber have an ash collection pan? Yes _____ No _____
- (vi) Does the cremation chamber have a hearth or floor without depressions for the purpose of minimizing the commingling of human remains? Yes _____ No _____
- (vii) Does the cremation chamber have a door safety switch to stop burner operation when front charging door is opened? Yes _____ No _____
- (viii) Does the cremation chamber have a pollution monitoring system to monitor and detect smoke when density exceeds federal and state standards, whereupon system will automatically stop burner operation on time setting of not less than 3 minutes? Yes _____ No _____
- (ix) Is the cremation chamber approved by UL or comparable testing agency? Yes _____ No _____
- (d) Pulverization Equipment:
- (i) Manufacturer: _____
- (ii) Model: _____ (iii) Year Manufactured: _____
- (iv) Is the machine commercially manufactured, located within crematory facility, made specifically for pulverization of cremated remains? Yes _____ No _____
- (vii) Is the machine capable of consistently processing cremated remains to unidentifiable dimensions? Yes _____ No _____
- (viii) Does the machine have a dust-resistant processing chamber? Yes _____ No _____

(ix) Does the machine have an exterior surface made of easily cleaned, non-corrosive material?

Yes _____ No _____

(e) Refrigeration Units:

(i) Manufacturer: _____

(ii) Model: _____ (iii) Year Manufactured: _____

(iv) Is the refrigeration unit located in the holding facility of the building? Yes _____ No _____

(v) If the applicant answered no to question 9(e)(iv), provide the address and name of the owner(s) of the premises where the refrigeration unit is located? _____

(vi) Number of refrigeration unit(s): _____ (vii) Capacity of each refrigeration unit: _____

(viii) Is/are the refrigeration unit(s) capable of maintaining an interior temperature of 40 degrees Fahrenheit while loaded with the maximum number of bodies for which the refrigeration unit was designed?

Yes _____ No _____

(ix) Do/does the refrigeration unit(s) have sealed concrete, stainless steel, galvanized, aluminum, or other easily cleaned flooring in walk-in units? Yes _____ No _____

(x) Do/does the refrigeration unit(s) have stainless steel, aluminum, or other non-corrosive and easily cleaned surface for the remainder of the interior of all units? Yes _____ No _____

11. Full Name of Crematory Manager: _____

12. Full name(s) and address(es) of Crematory Technician(s):

Per N.C.G.S. 90-210.123(g)(15), it is unlawful for anyone other than a licensee of the Board or a crematory technician to perform a cremation.

13. Within the preceding two (2) years, has the Crematory Licensee, 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 _____

_____ (Crematory Manager), being first duly sworn, deposes and says that he (she) is the registered Crematory Manager of the applicant for a crematory licensee 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 Crematory 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