



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

APPLICATION FOR EMBALMING FACILITY 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) 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 embalming facility: _____

2. Other Names under which embalming facility will conduct business: _____

3. Name of funeral establishment, funeral service licensee, or embalmer to whom this permit will be registered:

4. Does the person or entity named in response to Question 2 above agree not to use the embalming facility for any activity requiring a funeral establishment permit, other than embalming? _____ Yes _____ No

5. Physical Address of embalming facility: _____
City: _____ County: _____ Zip: _____

6. Mailing Address of embalming facility (if different than Physical Address): _____
City: _____ County: _____ Zip: _____

7. Phone # of embalming facility: _____ Fax # of embalming facility: _____

8. 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: _____

9. Name(s) and address(es) of any related business(es) (e.g. funeral establishment, etc.): _____

10. Preparation Room:

(a) Does the preparation room contain a standard operating table? Yes _____ No _____

(b) Is the preparation room equipped with an instrument sterilizer? Yes _____ No _____

(c) Does the preparation room have facilities for adequate drainage? Yes _____ No _____

(d) Does the preparation room have a "private" sign on the door? Yes _____ No _____

- (e) Does the preparation room have a sanitary waste receptacle? Yes _____ No _____
- (f) Does the preparation room have adequate ventilation? Yes _____ No _____
- (g) Is the preparation room equipped with a covered linen container? Yes _____ No _____

11. List the funeral directors, funeral service licensees, and/or embalmers employed by the embalming facility (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>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. Full name & license number of the individual serving as licensed facility manager: _____

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 _____

_____ (Applicant) 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 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 Applicant

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