



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

APPLICATION FOR CHANGE OF LOCATION OF FUNERAL ESTABLISHMENT

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) All applications for a change of location of a funeral establishment permit must be accompanied by proof that the applicant has the right to occupy the premises to be occupied by the funeral establishment (e.g. deed of trust, lease agreement, etc.);
- 3) Applications that are not completed within ninety (90) days of submission to the Board shall be denied.

1. Legal Name of Funeral Establishment: _____
2. Other Names under which Funeral Establishment Conducts Business: _____

3. New Physical Address of Funeral Establishment: _____
City: _____ County: _____ Zip: _____
4. Mailing Address of Funeral Establishment (if different than New Physical Address): _____
City: _____ County: _____ Zip: _____
5. Phone # of Funeral Establishment: _____ Fax # of Funeral Establishment: _____
6. E-mail Address of Funeral Establishment: _____
7. Name(s) and address(es) of any related permits that also will change location to the address listed above (e.g. other funeral establishment, crematory, etc.)?:

8. Ownership of Funeral Establishment (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: _____

9. 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 _____

10. Will embalming be performed in an embalming facility located outside of the funeral establishment? Yes ___ No ___

11. If yes to Question 10, provide the name and address of the location where embalming will be performed:

12. Full name and license number of the individual who will serve as the licensed location manager:

13. N.C.G.S. § 90-210.27A provides that "[u]nembalmed human remains retained in the custody of a funeral establishment for more than 24 hours shall be kept in a refrigeration unit." If refrigeration is performed in an off-site facility, state the name and address of the facility:

14. List the funeral directors, funeral service licensees, and/or embalmers employed by the Funeral Establishment (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> |
|-------------|---------------------|------------------|------------------|---------------------|--------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

VERIFICATION BY APPLICANT

State of North Carolina, County of _____

_____ (Licensed Location Manager), understands that he (she) is the registered licensed location manager of the Funeral Establishment applying for a 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 Licensed Location Manager