



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

2019 PRENEED FUNERAL ESTABLISHMENT RENEWAL APPLICATION

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, and signed by the applicant. Illegible applications will be returned to the applicant. Incomplete applications will be denied.
- 2) This application must be accompanied by:
 - a. a non-refundable fee of \$150.00;
 - b. a non-refundable fee of \$20.00 per preneed sales licensee listed on the Schedule A; and
 - c. a completed Schedule A listing each individual preneed sales licensee.
- 3) 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) Preneed funeral establishment permits expire on December 31, 2018. This application for renewal and fee for the 2019 permit are due on December 31, 2018. Renewal applications received after February 1, 2019 must include a \$100.00 late fee. Funeral establishments may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activities requiring a preneed funeral establishment permit between January 1, 2019 and the date of the renewal.

1. Name of Funeral Establishment: _____
2. Preneed Establishment Permit Number: _____
3. Physical Address of Funeral Establishment: _____
City: _____ County: _____ Zip: _____
Mailing Address of Funeral Establishment (if different than Physical Address): _____
City: _____ County: _____ Zip: _____
3. Is/are the owner(s) of the Funeral Establishment solvent? ____ Yes ____ No **If no, attach a detailed explanation.**
4. Are there any unsatisfied civil judgments against the Funeral Establishment? ____ Yes ____ No **If yes, attach a copy of each such judgment.**
5. Since last year's renewal, has the Funeral Establishment, 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.**
6. **Complete the enclosed Schedule A. Remit payment of a \$20.00 renewal fee for each Preneed Sales Licensee.**

(PLEASE COMPLETE BOTH SIDES)

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) understands that he (she) is the registered licensed location manager of the Funeral Establishment 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.

I further certify that I have read the NC Industrial Commission Public Notice Statement above and that I understand it.

Signature of Licensed Location Manager

SCHEDULE A

PRENEED SALES LICENSEES

North Carolina Board of Funeral Service

**1033 Wade Avenue, Suite 108
Raleigh, NC 27605-1158**

Name of Funeral Establishment: _____

Address of Funeral Establishment: _____

Preneed Establishment Number: _____

Each person holding a funeral director's license or a funeral service license issued by the Board is eligible for a preneed sales license. Under this license each preneed sales licensee may engage in all of the activities of preneed funeral planning as defined in G.S. 90-210.60(8). (Additional space is available on reverse side of this document.). **A fee of \$20.00 is due for each Preneed Sales Licensee.**

Name, Address, Telephone No. of Applicant	Funeral Director/Funeral Service License No.	Applicant's Employment or Relationship with Establishment

Attested by: _____
Officer or Manager of Funeral Home

Pursuant to 21 NCAC 34.A.0202 and G.S. 25-3-506, a fee of \$25.00 will be charged for returned checks.

