NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

2020 CHAPEL RENEWAL APPLICATION

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. Incomplete applications will be denied.
2) This application must be accompanied by a non-refundable fee of $100.00. 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) Chapel permits expire on December 31, 2019. This application for renewal and fee for the 2020 permit are due on December 31, 2019. Renewal applications received after February 1, 2020 must include a $75.00 late fee. Chapels may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activities requiring a chapel permit between January 1, 2020 and the date of the renewal.

1. Name of Chapel: _____
2. Chapel Permit Number:_____
3. Physical Address of Chapel: _____

   City: _____ County: _____ Zip: _____

   Mailing Address of Chapel (if different than Physical Address): _____

   City: _____ County: _____ Zip: _____
4. Phone # of Chapel: _____ Fax # of Chapel: _____
5. E-mail Address of Chapel: _____
6. Name and Address of Funeral Establishment which owns, operates, or maintains Chapel :_____

   _____
7. Name and license number of the licensed location manager of the Funeral Establishment named in response to Question 6 above:

   _____
8. Ownership of Chapel (sole proprietor, partnership, corporation, or LLC): _____
9. Name(s) of sole proprietor, partners, LLC members, or corporate officers (include positions held): _____

   _____
10. Since last year's renewal, has the Chapel, or the Funeral Establishment which owns, maintains, or operates 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.**

(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), 143-786(a)(5)(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 Owning, Operating, or Maintaining Chapel) certify 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 Statues 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 of Funeral Establishment Owning, Operating, or Maintaining Chapel