



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

2020 CREMATORY MANAGER PERMIT 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 \$40.00. 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) Crematory manager permits expire on December 31, 2019. This application for renewal and fee for the 2020 permit is due on December 31, 2019. Crematory managers may be subject to disciplinary action if found to have conducted or offered to conduct any activities requiring a crematory licensee permit between January 1, 2020 and the date of the renewal.

1. Full Name: _____

2. Physical Address of Personal Residence: _____

City: _____ County: _____ Zip: _____

Mailing Address of Personal Residence (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

3. Name and Address of Crematory Licensee: _____

4. Work Phone #: _____ Home Phone #: _____ Cell Phone #: _____

5. E-mail address: _____

6. Since last year's renewal, have you been convicted of any felony or misdemeanor crime(s) (excluding traffic infractions)?

Yes _____ No _____ **If yes, attach a detailed statement providing the jurisdiction, charge, and disposition of each conviction.**

7. Since last year's renewal, have you had any occupational or business license which has been denied, suspended, or revoked by any local, state, or federal agency?

Yes _____ No _____ **If yes, attach a statement providing complete details as to the reason for denial and the date, location, and details of any violation that led to action against your license, the terms of any discipline imposed by the licensing authority and whether said terms have been satisfied.**

8. Since last year's renewal, have you been the subject of adverse action by any local, state, or federal agency?

Yes _____ No _____ **If yes, attach a statement giving complete details as to location, date, and the type of adverse action. Also, include the terms of any action taken by the authority and if those terms have been satisfactorily completed.**

9. Since last year's renewal, have you 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), 143-786(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 _____

_____ (Applicant), certify that he (she) is the applicant named in 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 belief and that as to such matters and things, he(she) believes them to be true. The applicant understands that, should a permit be granted, it may be revoked or suspended under the provisions of Article 13A, Chapter 90, North Carolina General Statutes and the Rules 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 Applicant