



**NORTH CAROLINA BOARD OF FUNERAL SERVICE**

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

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

**2020 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 non-refundable fee of \$200.00. 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) Funeral establishment 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 \$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 funeral establishment permit between January 1, 2020 and the date of the renewal.

1. Name of Funeral Establishment: \_\_\_\_\_
2. Funeral 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: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. E-mail Address of Funeral Establishment: \_\_\_\_\_
6. Ownership of Funeral Establishment (sole proprietor, partnership, corporation, or LLC): \_\_\_\_\_
7. Name(s) and ownership interest percentages of the sole proprietor, partners, LLC members, or corporate officers:  
\_\_\_\_\_  
\_\_\_\_\_
8. Has the applicant continuously held a funeral establishment permit from January 1, 1988 through the present?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Has more than 50% of the ownership interest changed at any time since last year's renewal?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," on what date? \_\_\_\_\_
10. Does the preparation room of the Funeral Establishment satisfy the minimum statutory requirements of N.C. Gen. Stat. § 90-210.27A? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have any changes been made to the preparation room since last year's renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide a description of any change(s) acknowledged in Question 10.

11. If embalming is performed in an off-site embalming facility state the name and address of the facility: \_\_\_\_\_

12. 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: \_\_\_\_\_

13. List the funeral directors, embalmers, and funeral service licensees employed by the Funeral Establishment (attach additional pages, if necessary):

NAME	TYPE & LICENSE #	FULL TIME	PART TIME (Check One)	PER CASE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Name and license number of the Funeral Establishment’s location manager: \_\_\_\_\_

15. If the Funeral Establishment is owned by a corporation or limited liability company, you must attach to this application documentation that the corporation or limited liability company is in good standing with the NC Secretary of State. You can search for this documentation at: [https://www.sosnc.gov/online\\_services/search/by\\_title/Business\\_Registration](https://www.sosnc.gov/online_services/search/by_title/Business_Registration). **Please note that renewal applications submitted without this documentation will not be approved.**

16. 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.**

**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](mailto: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**