



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

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

**2024 CREMATORY LICENSEE 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 \$150.00. Pursuant to 21 NCAC 34A .0202 and N.C.G.S. 25-3-506, a fee of \$35.00 will be charged for returned checks.
- 3) Crematory Licensee permits expire on December 31, 2023. This application for renewal and fee for the 2024 permit are due on December 31, 2023. Renewal applications received after February 1, 2024 must include a \$75.00 late fee. Crematory Licensees may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activities requiring a crematory licensee permit between January 1, 2024 and the date of the renewal.

1. Name of Crematory Licensee: \_\_\_\_\_

2. Physical Address of Crematory Licensee: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Crematory Licensee (if different than Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Name and Address of any affiliated Funeral Establishment(s), if applicable:

\_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Phone # of Crematory Licensee: \_\_\_\_\_ Fax # of Crematory Licensee: \_\_\_\_\_

4. E-mail Address of Crematory Licensee: \_\_\_\_\_

5. Ownership of Crematory Licensee (sole-proprietor, partnership, corporation, or LLC): \_\_\_\_\_

6. Name(s) of sole proprietor, partners, LLC members, or corporate officers (include position held): \_\_\_\_\_

\_\_\_\_\_

7. Have any changes been made to the crematory building since the last renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a description of the changes. \_\_\_\_\_

8. Have any changes been made to the following facilities and equipment since the last renewal?

a. Holding Facility Yes \_\_\_\_\_ No \_\_\_\_\_

b. Cremation Chamber Yes \_\_\_\_\_ No \_\_\_\_\_

c. Pulverization Equipment Yes \_\_\_\_\_ No \_\_\_\_\_

d. Refrigeration Units Yes \_\_\_\_\_ No \_\_\_\_\_

(PLEASE COMPLETE BOTH SIDES)

Please provide a description of any changes acknowledged for items in question 8. \_\_\_\_\_

9. Name of Crematory Manager, and license number, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

10. Name(s) and address(es) of Crematory Technician(s), and license number, if applicable:

\_\_\_\_\_

**Per N.C.G.S. 90-210.123(g)(15), it is unlawful for anyone other than a licensee of the Board or a crematory technician to perform a cremation.**

11. Please attach to this application copies of current educational certificates confirming that the Crematory Manager and each Crematory Technician employed by the Crematory Licensee has attended a training course approved by the Board. The Board shall recognize the cremation certificate program that is conducted by the Cremation Association of North America (CANA). **Please note that renewal applications submitted without this documentation will not be approved.**

12. Does the crematory operate a cremation society? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the name of the society. \_\_\_\_\_

13. Since last year's renewal, has the crematory licensee, 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 \_\_\_\_\_

\_\_\_\_\_ (Crematory Manager), certify that he (she) is the registered Crematory Manager of the Crematory Licensee 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 Crematory Manager**