



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

2024 UNAFFILIATED PRACTICE 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 \$200.00. 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) Unaffiliated practice 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 \$100.00 late fee. Unaffiliated practices may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activities requiring an unaffiliated practice permit between January 1, 2024 and the date of the renewal.

1. Name of Unaffiliated Practice Licensee: _____

2. Physical Address of Unaffiliated Licensee: _____

City: _____ County: _____ Zip: _____

Mailing Address of Unaffiliated Practice Licensee (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

3. Phone Number: _____ Fax Number: _____

4. E-mail Address of Unaffiliated Practice Licensee: _____

5. Ownership of Unaffiliated Practice Licensee (sole proprietor, partnership, corporation, or LLC): _____

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

7. Name and address of funeral establishment or embalming facility where embalming will occur:

8. Address of location where sheltering of remains will occur prior to moving remains to location where funeral services will services will be held:

(PLEASE COMPLETE BOTH SIDES)

9. List the funeral directors, embalmers, and funeral service licensees employed by the Unaffiliated Practice Licensee:

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

10. Name and license number of Unaffiliated Practice funeral director or funeral service licensee: _____

11. **Attach to this form proof of professional liability insurance providing coverage of at least \$1,000,000.**

12. Since last year’s renewal, has the Unaffiliated Practice 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

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 _____

_____ (Unaffiliated Practice funeral director or funeral service licensee), being first duly sworn, deposes and says that he (she) is the registered licensee owning and managing the Unaffiliated Practice 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 Unaffiliated Practice funeral director or funeral service licensee