



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

APPLICATION FOR UNAFFILIATED PRACTICE PERMIT

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.
- 2) This application must be accompanied by a fee of \$250.00. Review permit requirements carefully as the fee is non-refundable. 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) Applications for an unaffiliated practice permit will be denied if all of the following documents are not provided to the Board within ninety (90) days following the date this application is submitted:
 - a. a copy of the General Price List intended for use by the unaffiliated practice;
 - b. a copy of the Casket Price List intended for use by the unaffiliated practice;
 - c. a copy of the Outer Burial Container Price List intended for use by the unaffiliated practice;
 - d. a copy of the Statement of Funeral Goods and Services Selected intended for use by the unaffiliated practice; and
 - e. Proof of professional liability insurance providing coverage of at least \$1,000,000.
- 4) If the unaffiliated practice is owned by a partnership, this application must be accompanied by a copy of the partnership agreement.
- 5) If the unaffiliated practice is owned by a corporation, this application must be accompanied by a copy of the Articles of Incorporation of the owning entity.
- 6) If the unaffiliated practice is owned by a limited liability company, this application must be accompanied by a copy of the Articles of Organization of the owning entity.
- 7) If the unaffiliated practice will conduct business in a different name than that of its owning entity, this application must be accompanied by a Certificate of Assumed Name.

1. Full Name and License # of Applicant: _____
2. Physical Address of Personal Residence: _____
 City: _____ County: _____ Zip: _____
 Mailing Address of Personal Residence (if different than Physical Address): _____
 City: _____ County: _____ Zip: _____
3. Telephone #: _____ Fax #: _____
4. E-mail Address: _____
5. Ownership of Unaffiliated Practice (sole proprietorship, partnership, corporation, or LLC): _____
6. Name of individual(s)/entity which owns the Unaffiliated Practice: _____
7. Name(s) and respective ownership interest percentages of each sole proprietor, partners, LLC members, or corporate officers:

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

9. Address of location where unaffiliated practice records will be held: _____

10. Name and address of location where sheltering of remains will occur prior to moving remains to location where funeral services will be held:

11. List the funeral directors, funeral service licensees, and/or embalmers employed by the Unaffiliated Practice:

<u>Name</u>	<u>License Type</u>	<u>License #</u>	<u>Full-Time</u>	<u>or Part-Time</u>	<u>or Per Case</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

12. If the Unaffiliated Practice 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.

13. Within the preceding two (2) years, has the Unaffiliated Practice, 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), 143-762(a)(3)(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.

Signature of Unaffiliated Practice funeral director or funeral service licensee

STATE OF NORTH CAROLINA

COUNTY OF _____

Sworn to and subscribed before me by _____ this the _____

Name of Applicant

day of _____, 20 ____.

SEAL

Notary Public – Official Signature

My commission expires: _____

Notary Public – Printed Name