

Applicant – print name here: _____



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery & Consumer Services
200 East Gaines Street
Tallahassee, FL 32399- 0361

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

Under Section 497.380, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

REQUIRED FEES (TYCL 2600)

If applying in first year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an even year to Nov. 30 of odd year)	If applying in second year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an odd year to Nov. 30 of even year)
\$300 License fee	\$300 License fee
\$450 Inspection fee (prelicense inspection and year 2 inspection)	\$225 Inspection fee (prelicense inspection)
\$ <u>5</u> Unlicensed activity fee	\$ <u>5</u> Unlicensed activity fee
\$755 Total due with application	\$530 Total due with application

This application form is used to seek licensure of a funeral establishment.

As used in this application, “Division” refers to the Division of Funeral, Cemetery and Consumer Services. “Board” refers to the Board of Funeral, Cemetery and Consumer Services. Unless specifically indicated otherwise, all questions and requests for data in this Application relate to the Applicant. Where the question calls for a YES or NO answer, circle the correct answer.

Section 1. APPLICANT INFORMATION

Section 497.141(12), Florida Statutes, reads: (a) The following licenses may only be applied for and issued to a natural person: 1. embalmer apprentice; 2. embalmer intern; 3. funeral director intern; 4. funeral director; 5. funeral director and embalmer; 6. direct disposer; 7. monument establishment sales agent; and 8. preneed sales agent. (b) The following licenses may be applied for and issued to a natural person, a corporation, a limited liability company, or a partnership: 1. funeral establishment; 2. centralized embalming facility; 3. refrigeration facility; 4. direct disposal establishment; 5. monument establishment; 6. cinerator facility; 7. removal service; and 8. preneed sales business under s. 497.453. (c) A cemetery license may only be applied for and issued to a corporation, partnership, or limited liability company.

Subsection 1A. Type of applicant (check one):

- Natural person, sole proprietorship
- Corporation
- Limited liability company (LLC)
- Partnership

Subsection 1B. Changes to Existing License (if applicable):

Change in Ownership _____
 Current Name & License Number

FOR DFS USE ONLY

If applying in first year of biennial renewal cycle

<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
	2600	L	\$300
	2600	E	\$450 2 YR INSPECTIONS
	3800	F	\$ <u>5</u>
			\$755

If applying in second year of biennial renewal cycle

<u>BT</u>	<u>TYCL</u>	<u>FT</u>	
	2600	L	\$300
	2600	E	\$225 1 YR INSPECTIONS
	3800	F	\$ <u>5</u>
			\$530

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Subsection 1C. Name of applicant: <i>(the license, if issued, will be issued in this name)</i>		
Subsection 1D. (1) If applicant is an individual person, state applicant's date of birth: _____ (2) If applicant is an entity, state the date applicant was organized (e.g., date articles of incorporation were filed): _____		
Subsection 1E. If applicant is a corporation, LLC, or partnership, answer the questions in this Subsection: (1) Under the laws of what state was the applicant organized? _____ (2) In what state is the applicant currently domiciled? _____ (3) Is the applicant currently an entity in good standing under the business organization laws of Florida? YES NO (4) Attach written documentary evidence that the applicant is an entity in good standing under the business organization laws of Florida. <i>(e.g., a "Certificate of Status" issued by the Division of Corporations of the Florida Department of State, or equivalent certification)</i> (5) If applicant is a corporation, limited liability company, or partnership, complete and attach to this application, the Division form entitled " <u>Business Entity – List of Principals</u> ." (see s. 497.141(12)(d), Florida Statutes). <i>This form may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.</i>		
Subsection 1F. If the license applied for is issued, will applicant do business under a name other than applicant's name as shown in this application? YES NO If YES, state all names applicant will do business under that are different from applicant's name as shown in this application:		
Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION		
<i>Enter the name and contact information of the person the Division should contact concerning this application.</i>		
Name:		
Mailing address:		
Phone number with area code:		
Email address:		
Section 3. APPLICANT'S PREFERRED MAILING ADDRESS		
<i>Enter applicant's preferred mailing address this Division should use for routine correspondence and notices, if and after the license applied for is issued (e.g., renewal notices).</i>		
Street or PO Box:		
City	State	Zip Code

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Section 4. ACTUAL BUSINESS LOCATION ADDRESS			
<i>Enter the actual street address where operations under the license applied for will be conducted, if the license is issued. NO post office boxes or similar addresses allowed in this section.</i>			
Street Address			
City	County	State	Zip Code
Section 5. OTHER LICENSURE INFORMATION			
<p>(a) Does the applicant now hold, or has applicant ever in the past held, a license or registration in Florida or any other state or jurisdiction, as a funeral director, embalmer, direct disposer, funeral establishment, direct disposal establishment, cinerator facility, removal service, centralized embalming facility, refrigeration service, cemetery, monument establishment, or preneed sales business?</p> <p style="text-align: center;">YES NO</p> <p><i>If your answer to the question in this Section is YES, you must fill out and submit with this application an “Other Licenses Form.” You must disclose on that form details of each current or prior license that required a “YES” answer to any of the questions in this Section of this application. The “Other Licenses Form” may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.</i></p>			
Section 6. ADVERSE LICENSING HISTORY QUESTIONS			
<p><i>As used in this Section, “you” refers to applicant; “deathcare industry license” refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.</i></p>			
<p>(a) Have you ever had any deathcare industry license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction? YES NO</p> <p>(b) Have you ever had any application for a deathcare industry license denied for any reason by any regulatory authority in Florida or any other state or jurisdiction? YES NO</p> <p>(c) Have you ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the license? YES NO</p> <p>(d) Are you currently to your knowledge under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction in regard to alleged misconduct or incompetency in the performance of work under a deathcare industry license? YES NO</p> <p><i>If the answer to any of the questions in this Section is YES, you must fill out and submit with this application, an “Adverse Licensing Action History Form.” You must disclose on that form details of each adverse licensing action and pending investigation that required a “YES” answer to any of the questions in this Section of this application. This form may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.</i></p>			
Section 7. CRIMINAL HISTORY QUESTIONS			
<p><i>For purposes of this section, the phrase “person subject to disclosure requirements” should be understood to refer to and include the following persons:</i></p> <ol style="list-style-type: none"> <i>1. If applicant is a natural person sole proprietor, only the natural person making application.</i> <i>2. If the applicant is a corporation, all officers and directors of that corporation.</i> <i>3. If the applicant is a limited liability company, all managers and members of the limited liability company.</i> <i>4. If the applicant is a partnership, all partners.</i> <i>5. The licensed direct disposer or funeral director in charge.</i> <p><i>(see s. 497.142(10)(e), Florida Statutes)</i></p>			
<p>1. Has any person subject to disclosure requirements ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state of the United States or a foreign country, regarding any crime indicated below:</p>			

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- a. Any felony or misdemeanor, no matter when committed, which was directly or indirectly related to or involving any aspect of the practice or business of embalming, funeral directing, direct disposition, cremation, funeral or cemetery preneed sales, funeral establishment operations, cemetery operations, or cemetery monument or marker sales or installation. **YES NO**
- b. Any other felony not already disclosed under subparagraph a. immediately above, which was committed within the 20 years immediately preceding the date this application is submitted. **YES NO**
- c. Any other misdemeanor not already disclosed under subparagraph a. above, which was committed within the 5 years immediately preceding the date this application is submitted? **YES NO**

If applicant circled YES to any of the above questions, there must be filed with this application a “Criminal History Form” by and regarding each person subject to disclosure requirements for whom the YES answer applies. There must be disclosed on that form details of every criminal action that required the “YES” answer to any of the above questions. That form may be obtained from the website of the Division of Funeral, Cemetery & Consumer Services, or it may be requested by letter directed to the Division office at the address shown at the top of this form.

2. If YES was answered to any question above, name here every person subject to disclosure requirements (if none, write “none”).

Section 8. PRIOR NAME INFORMATION

Have you, the applicant, ever used, or been known by, any name other than the name under which you make this application?

YES NO

If you answered YES, enter in the space below every such prior name in full, and the period of time it was used (attach additional sheets if necessary):

Section 9. MISCELLANEOUS MATTERS

(1) Will the funeral establishment have at least 1,250 contiguous interior square feet, at the actual business location address indicated in this application? **YES NO**

(2a) The funeral establishment, if licensed, will (check one) (___maintain on site) (___make arrangements for) capacity for the refrigeration and storage of dead human bodies handled by the establishment.

(2b) If applicant checked “make arrangements for” in (2a), provide a copy of the contract from the establishment rendering the service. Also provide the name, Florida license number, and address of the facility with which the arrangement has been made:

(3a) Will embalming services be offered by this funeral establishment? **YES NO**

If the answer to (3a) was YES, answer the following:

(3b) The funeral establishment, if licensed, will (check one) (___maintain on site) (___make arrangements for) a preparation room equipped with necessary ventilation and drainage and containing necessary instruments for embalming dead human bodies, as established by Rule 69K-21.003, Florida Administrative Code.

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<p>(3c) If the applicant checked “make arrangements for” in (3b) above, check one of the two choices below and provide a copy of the contract from the establishment rendering the service. Also provide the requested information for that choice below:</p> <p>___ Applicant will use a centralized embalming facility, license number _____, located at (street, city, state, zip): _____.</p> <p>___ Applicant has made arrangements with another funeral establishment to provide embalming facilities or services; the other establishment’s license number is _____, its name is _____, and it is located at _____.</p>
<p>(4a) Upon approval of this application and commencement of operations, does applicant anticipate that the funeral establishment will operate a visitation chapel at a separate location other than the actual business location address indicated in this application? YES NO</p> <p>If YES:</p> <p>(4b) Will the visitation chapel be not less than 500 square feet and not more than 700 square feet? YES NO</p> <p>(4c) State the proposed address of the visitation chapel, if known at time of this application:</p> <p>_____</p> <p>_____</p>
<p>(5a) Every funeral establishment must have a funeral director in charge (FDIC), who shall not be a funeral director in charge of any other funeral establishment or the sole qualifying direct disposer in charge of a direct disposal establishment. State the name and license number of applicant’s FDIC:</p> <p>Name: _____ Florida License Number: _____</p> <p>(5b) Do you understand that the Board shall be notified in writing within 20 days of any change in a funeral director in charge? YES NO</p> <p><i>(A “Change of Funeral Director/Direct Disposer in Charge” form may be found on the Division website)</i></p>
<p>(6) Do you understand that issuance of a license to operate a funeral establishment to a person or entity who is not individually licensed as a funeral director does not entitle the person to practice funeral directing? YES NO</p>
<p>(7) Will the funeral establishment display at its public entrance the name of the establishment and the name of the full-time funeral director in charge? YES NO</p>
<p>(8) Do you understand that the funeral establishment must transact its business under the name by which it is licensed? YES NO</p>
<p>(9a) Do you understand that a funeral establishment shall be inspected whenever a funeral establishment moves to a new location; when ownership is changed or otherwise transferred; when major alterations or modifications in the physical structure of the establishment is made; or when the Department feels it is necessary to ensure protection of the public health, safety and welfare?</p> <p>YES NO</p> <p>(9b) It is required that the proposed funeral establishment be inspected prior to issuance of a license. On what date do you anticipate that the proposed funeral establishment will be ready to be inspected? _____</p>
<p>(10) Do you understand that after licensure, you have a continuing duty under state law [s. 497.146, Florida Statutes], to notify this Division within 30 days of any change in your mailing address?</p> <p>YES NO</p> <p><i>(A “Change of Address or Contact Data” form for individuals and entities may be found on the Division website)</i></p>
<p>(11) Do you understand that as part of this application, you must submit your fingerprints for a criminal background check?</p> <p>YES NO</p> <p><i>Instructions concerning how and where to submit fingerprints may be reviewed and printed from the website of the Division of Funeral, Cemetery & Consumer Services, as follows: go to the website of the Department of Financial Services (www.myfloridacfo.com), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services.</i></p>

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(12) Do you understand that a change in ownership or business location of the funeral establishment must be approved by the Board as per section 497.380, Florida Statutes? **YES NO**

(13) Do you understand that funeral directors performing disinterments shall report the name of the deceased, the date of death, the date disinterred, place of original burial, name and license number of funeral director responsible for disinterment, disinterment or burial transit number on a form, "Report of Cases Embalmed or Bodies Handled," as described in Rule 69K-20.001, Florida Administrative Code, with respect to each dead human body disinterred?
YES NO (Said form may be found on the Division website)

(14) Applicant may attach to this application one or more additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? **YES NO** If yes, how many pages: _____

Section 10. APPLICANT'S CERTIFICATION & SIGNATURE

All applications shall be signed by the applicant. Signatures of the applicant shall be as follows:

1. If the applicant is a natural person, the application shall be signed by the applicant.
2. If the applicant is a corporation, the application shall be signed by the corporation's president.
3. If the applicant is a partnership, the application shall be signed by a partner, who shall provide proof satisfactory to the licensing authority of that partner's authority to sign on behalf of the partnership.
4. If the applicant is a limited liability company, the application shall be signed by a member of the company, who shall provide proof satisfactory to the licensing authority of that member's authority to sign on behalf of the company.

(s. 497.141(12)(e), Florida Statutes)

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that I have or will prior to commencing operations under this license comply with all requirements under Chapter 497, Florida Statutes, relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery & Consumer Services in the Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning me.

_____ Signature of Applicant	_____ Date Signed
_____ Name and Title	

Mail completed application with all attachments, and required fees to:

Division of Funeral, Cemetery & Consumer Services
Revenue Processing
P.O. Box 6100
Tallahassee, FL 32314-6100

Applicant, insert here your Social Security No. or FEIN: _____
(If applicant is an individual person, enter SSN; otherwise, enter FEIN.)