

Applicant – print name here: \_\_\_\_\_



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

## APPLICATION FOR CENTRALIZED EMBALMING FACILITY LICENSE

Under Section 497.385, Florida Statutes. Before the Board of Funeral, Cemetery and Consumer Services.

### REQUIRED FEES (TYCL 3200)

**(Attach check or money order payable to Dept of Financial Services) (Nonrefundable)**

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 \$450 Inspection fee (prelicense inspection and year 2 inspection) \$ <u>5</u> Unlicensed activity fee \$755 Total due with application	\$300 License fee \$225 Inspection fee (prelicense inspection) \$ <u>5</u> Unlicensed activity fee \$530 Total due with application

This application form is used to seek licensure of a centralized embalming facility. 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, not incorporated)
- Corporation
- Limited liability company (LLC)
- Partnership

**OFFICE USE ONLY** If applied in year one of Biennium

<u>BT</u>	<u>TYCL FT</u>				
V	3200 L	\$300			
	3200 E	\$450	2 YR INSPECTIONS		
	3800 F	\$ <u>5</u>			
		\$755			

If applied in year two of Biennium

<u>BT</u>	<u>TYCL FT</u>				
V	3200 L	\$300			
	3200 E	\$225	1 YR INSPECTIONS		
	3800 F	\$ <u>5</u>			
		\$530			

Applicant – print name here: \_\_\_\_\_

<p>Subsection 1B. What type of application is this? Check applicable.  <input type="checkbox"/> 1) Application for license for a new Centralized Embalming Facility  <input type="checkbox"/> 2) Application for approval of change in ownership of an existing Centralized Embalming Facility</p> <p>If you checked 2) above, please enter the name and license number of the Centralized Embalming Facility under its current owner:          License#: _____ Name: _____</p> <p><input type="checkbox"/> 3) Application for approval of change in location of an existing Centralized Embalming Facility</p> <p>If you checked 3) above, please enter the name and license number of the Centralized Embalming Facility under its current owner:          License#: _____ Name: _____</p>
<p>Subsection 1C. Name of applicant:  <i>(the license, if issued, will be issued in this name)</i></p>
<p>Subsection 1D.</p> <p>(1) If applicant is an individual person, state applicant’s date of birth: _____</p> <p>(2) If applicant is an entity, state the date applicant was organized (e.g., date articles of incorporation were filed):          _____</p>
<p>Subsection 1E. If applicant is a corporation, LLC, or partnership, answer the questions in this Subsection:</p> <p>(1) Under the laws of what state was the applicant organized? _____</p> <p>(2) In what state is the applicant currently domiciled? _____</p> <p>(3) Is the applicant currently an entity in good standing under the business organization laws of Florida? <b>YES NO</b></p> <p>(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></p> <p>(5) If applicant is a corporation, limited liability company, or partnership, complete and attach to this application, the Division form entitled “<b>Business Entity – List of Principals.</b>” (see s. 497.141(12)(d), Florida Statutes). <i>This form may be obtained from the website of the Division of Funeral, Cemetery &amp; 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>
<p>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? <b>YES NO</b></p> <p>If YES, state all names applicant will do business under that are different from applicant’s name as shown in this application:</p>              

Applicant – print name here: \_\_\_\_\_

<b>Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION</b>			
<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:			
<b>Section 3. APPLICANT'S PREFERRED MAILING ADDRESS</b>			
<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 P.O. Box:			
City	State	Zip Code	
<b>Section 4. ACTUAL BUSINESS LOCATION ADDRESS</b>			
<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
Phone number with area code:			
<b>Section 5. OTHER LICENSURE INFORMATION</b>			
<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;"><b>YES NO</b></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 &amp; 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>			
<b>Section 6. ADVERSE LICENSING HISTORY QUESTIONS</b>			
<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>			

Applicant – print name here: \_\_\_\_\_

- (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**
- (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**
- (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**
- (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**

*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.*

### **Section 7. CRIMINAL HISTORY QUESTIONS**

*For purposes of this section, the phrase “person subject to disclosure requirements” should be understood to refer to and include the following persons:*

1. *If the applicant is a natural person, only the natural person making application.*
2. *If the applicant is a corporation, all officers and directors of that corporation.*
3. *If the applicant is a limited liability company, all managers and members of the limited liability company.*
4. *If the applicant is a partnership, all partners.*
5. *The licensed direct disposer or funeral director in charge.*  
*(see s. 497.142(10)(e), Florida Statutes)*

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:

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 1. 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 1. 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”).

Applicant – print name here: \_\_\_\_\_

**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**

a. If this application is approved, will the centralized embalming facility at all times contain all of the equipment and meet all of the requirements that a preparation room located in a funeral establishment is required to contain and meet? **YES NO**

*(see 497.385(2)(a), Florida Statutes)*

b. Will there be at least one full-time embalmer in charge that has an active license and who is not also a full-time embalmer in charge, full-time funeral director in charge, or full-time direct disposer in charge of any other establishment licensed under Chapter 497, Florida Statutes? **YES NO** *(see 497.385(2)(b), Florida Statutes)*

**Name:** \_\_\_\_\_ **Florida License Number:** \_\_\_\_\_

c. If this application is approved, will embalming be performed at the centralized embalming facility by anyone other than a Florida licensed embalmer and provided to any entity other than a funeral establishment? **YES NO**

*(see 497.385(2)(d), (e), Florida Statutes)*

d. If this application is approved, will the centralized embalming facility maintain a system for identifying human remains received for embalming? **YES NO**

*(see 497.385(2)(h), Florida Statutes)*

e. Do you understand that a change in ownership or business location of the centralized embalming facility, after licensure, will require re-licensure? **YES NO**

*(see Rule 69K-24.010(3), Florida Administrative Code)*

f. It is required that the proposed centralized embalming facility be inspected prior to issuance of a license. On what date do you anticipate that the proposed centralized embalming facility will be ready to be inspected?

\_\_\_\_\_

g. 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?

**YES NO**

*(A "Change of Address or Contact Data" form for individuals and entities may be found on the Division website)*

h. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check?

**YES NO**

*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](http://www.myfloridacfo.com)), click on FLDFS Divisions and Offices, click on Funeral and Cemetery Services.*

i. 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: \_\_\_\_\_

Applicant – print name here: \_\_\_\_\_

**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)

10A) **This subsection 10A must be completed in every case.** 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

10B) If this is an application for approval of a change in ownership of the facility, an officer or other duly authorized representative of the current owner should complete this subsection 10B, and sign and date below, to signify their agreement that applicant is authorized to file this application. (If this is not a change in ownership application, skip this subsection 10B).

\_\_\_\_\_  
Signature of current owner

\_\_\_\_\_  
Date signed

Print name of person who signed above for current owner: \_\_\_\_\_

Indicate title of person signing above for current owner:

Sole proprietor  Corporate President  Managing member of LLC  Other as follows:

*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

Social Security No. or FEIN: \_\_\_\_\_

*(If applicant is an individual person, enter SSN; otherwise, enter FEIN.)*