

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)

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

This form is intended to be opened in MSWord and filled-in using MSWord or compatible software.

Contact the Division for a form that can be manually filled in.

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. “FS” refers to Florida Statutes. Unless specifically indicated otherwise, all questions and requests for data in this Application relate to the Applicant.

Section 1. APPLICANT INFORMATION

1A. Applicant name:

1B: Type of applicant (check one):

- Natural person (sole proprietorship, not incorporated)
- Limited liability company (LLC)
- Corporation
- Partnership

FOR OFFICE USE ONLY		If applying in second year of biennial renewal cycle	
If applying in first year of biennial renewal cycle			
<u>BT</u>	<u>TYCL FT</u>	<u>BT</u>	<u>TYCL FT</u>
2600	L \$300	2600	L \$300
2600	E \$450 2 YR INSPECTIONS	2600	E \$225 1 YR INSPECTIONS
3800	F \$ 5	3800	F \$ 5
	\$755		\$530

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<p>Subsection 1B. What type of application is this? Check applicable.</p> <p><input type="checkbox"/> 1. Application for license for a new Funeral Establishment</p> <p><input type="checkbox"/> 2. Application for approval of change in ownership of an existing Funeral Establishment</p> <p>If you checked box 2 above, please enter the license number and name of the Funeral Establishment under its current owner:</p> <p>License#: Name:</p>
<p>Subsection 1C. Birth Date or Organized Date.</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): Date:</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 shown as an entity in good standing as shown on the website of the Florida Secretary of State, Division of Corporations: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(4) Attach written documentary evidence that the applicant is an entity in good standing under the business organization laws of Florida. (e.g., a "Certificate of Status" issued by the Division of Corporations of the Florida Department of State, or equivalent certification) <input type="checkbox"/> Attached <input type="checkbox"/> Not attached</p> <p>(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). <input type="checkbox"/> Attached <input type="checkbox"/> Not attached</p> <p><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></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? <input type="checkbox"/> YES <input type="checkbox"/> NO</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>
<p align="center">Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION</p>
<p><i>Enter the name and contact information of the person the Division should contact concerning this application.</i></p>
<p>Name:</p>
<p>Mailing address:</p>
<p>Phone number with area code:</p>
<p>Email address:</p>

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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 :	
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:
Phone number with area code:			
Section 5. OTHER LICENSURE INFORMATION			
(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 style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</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>			
Section 6. ADVERSE LICENSING HISTORY QUESTIONS			
<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>			
(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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<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>			

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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)*

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 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 checked as to a, b, or c above, name here every person to whom any of the YES answers apply:

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

REFRIGERATION

(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. Attached Not attached. Also please fill in the blanks in the following statement:

Applicant has made arrangements with another establishment/facility to provide refrigeration and storage services; the other establishment’s license number is _____, its name is _____, and it is located at _____.

Applicant – print name here: _____

EMBALMING

(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.

(3c) If the applicant checked “*make arrangements for*” in (3b) above, check one of the two choices below and fill in the blanks in the checked choice:

Applicant will use a **centralized embalming facility** to provide embalming facilities or services; the other establishment’s license number is _____. Its name is _____, and its address (street, city, state) is:

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 its address (street, city, state) is:

(3d) If the applicant checked “*make arrangements for*” in (3b) above, a copy of the contract from the facility or establishment rendering the service must be provided. **Attached** **Not attached**

CREMATION

(4a) Will cremation services be offered by this funeral establishment? YES NO

If the answer to (4a) was YES, answer the following:

(4b) The funeral establishment, if licensed, will (check one) (**maintain on site**) (**make arrangements for**) cremation services. (If applicant checked “maintain on site,” a separate Cinerator Facility license is required)

(4c) If the applicant checked “*make arrangements for*” in (4b) above, a copy of the contract from the facility rendering the cremation service must be provided. **Attached** **Not attached**

(4d) If applicant checked “*make arrangements for*,” please fill in the blanks in the following statement: Applicant will use a licensed Cinerator facility, license number: _____. Its name is: _____, and its address (street, city, state) is:

VISITATION CHAPEL

(5a) If this application is approved, 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

If YES:

(5b) Will the visitation chapel be not less than 500 square feet and not more than 700 square feet? YES NO

(5c) State the proposed address of the visitation chapel, if known at time of this application (street, city, state, zip):

Address:

Applicant – print name here: _____

<p>(6) FUNERAL DIRECTOR IN CHARGE.</p> <p>(6a) Do you understand that, per s. 497.380(7) and 497.166(3)(a), Florida Statutes, each licensed funeral establishment must have one full-time funeral director in charge (FDIC); that the FDIC is responsible for ensuring that the establishment, its operation, and all persons employed in the facility comply with all applicable state and federal laws and rules; that the FDIC in charge must have an active license as a funeral director & embalmer; that the FDIC may not be the FDIC of any other funeral establishment direct disposal establishment; and that the FDIC of a funeral establishment is responsible for the control and activities of the establishment's preneed sales agents (if the establishment is licensed to sell preneed): <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(6b) State name of person who will be FDIC:</p> <p>(6c) Is the person named above licensed as a combination funeral director & embalmer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(6d) Florida license number of proposed FDIC:</p> <p>(6e) Do you understand that the Board shall be notified in writing within 20 days of any change in a funeral director in charge? <input type="checkbox"/> YES <input type="checkbox"/> NO (a "Change of Funeral Director/Direct Disposer in Charge" form may be found on the Division website)</p> <p>(6f) Do you understand that, pursuant to s. 497.380(7), FS, every licensed funeral establishment must have a licensed funeral director reasonably available to the public during normal business hours? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(7) Do you understand that per s. 497.380(8), FS, issuance of a license to operate a funeral establishment to a person or entity who is not individually licensed as a funeral director does <u>not</u> entitle that person to practice funeral directing? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(8) Will the funeral establishment display at its public entrance the name of the establishment and the name of the funeral director in charge, as required by s. 497.380(14), Florida Statutes? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(8a) Will the funeral establishment and each funeral director and, if applicable, embalmer employed at the establishment display their current licenses in a conspicuous place within the establishment in such a manner as to make the licenses visible to the public, as required per s. 497.380(14)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(9) Do you understand that the funeral establishment must transact its business under the name by which it is licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(10a) 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? (see 497.380(10)-(12), FS) <input type="checkbox"/> YES <input type="checkbox"/> 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>(11) 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? <input type="checkbox"/> YES <input type="checkbox"/> NO (A "Change of Address or Contact Data" form for individuals and entities may be found on the Division website)</p>
<p>(12) Do you understand that as part of this application, you must submit your fingerprints for a criminal background check? <input type="checkbox"/> YES <input type="checkbox"/> 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/FuneralCemetery).</i></p>
<p>(13) 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? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>(14) Do you understand that funeral directors performing a disinterment 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? <input type="checkbox"/> YES <input type="checkbox"/> NO (Said form may be found on the Division website)</p>

Applicant – print name here: _____

(15) 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:

(16) Complete this subsection only if this is an application for approval of a change in ownership.

a) Is this Establishment currently the qualifying entity [see 497.453(1)(h)] for any preneed licensee?

YES NO

If YES, state the name and license number of the preneed licensee: Name: _____ License Number: _____

b) To the best of the knowledge and belief of the current owner and proposed new owner of this establishment, are there currently any unfulfilled preneed contracts that were sold at this establishment, or that for other reason are obligations of this establishment? (check one)

YES NO Applicant attaches hereto a **signed and dated** statement addressing this question

c) If there are currently any unfulfilled preneed contracts that were sold at this establishment or that for other reason are obligations of this establishment, will the obligation to fulfill all those preneed contracts be assumed by the proposed new owner identified herein? (check one)

YES

Applicant attaches hereto a **signed and dated** statement addressing this question

Not applicable (no such outstanding preneed contracts)

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) **Applicant's Signature. 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

Applicant – print name here: _____

<p>(10b) Change of Ownership. If this is an application for approval of a change in ownership of the establishment, 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).</p>	
_____ Signature of current owner	_____ Date signed
State name of person who signed above for current owner: Indicate title of person signing above for current owner: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Managing member of LLC <input type="checkbox"/> Other as follows:	
<p><i>Mail completed application with all attachments, and required fees, to:</i></p> <p>Division of Funeral, Cemetery & Consumer Services Receipts Processing Office P.O. Box 6100 Tallahassee, FL 32314-6100</p>	
Section 11. FEIN OR SOCIAL SECURITY NUMBER	
Enter Applicant's FEIN or Social Security Number:	
<p><u>Purpose and Use:</u> <i>The collection of social security numbers on applications for licensure under Chapter 497 is expressly authorized by s. 497.141(2), Florida Statutes. Social security numbers collected on applications will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. The social security number may also be used for any other purpose required or authorized by federal or Florida Law.</i></p>	