

Please Type or Print in Ink

ALABAMA BOARD OF FUNERAL SERVICE
ESTABLISHMENT RENEWAL APPLICATION

Mail to: P.O. Box 309522
Montgomery, AL 36130

ESTABLISHMENT NAME: \_\_\_\_\_ LICENSE No.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE No.: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Application is hereby submitted for renewal of license as funeral establishment operator under the provision of Section 34-13-53, Code of Alabama, 1975, for the fiscal year ending September 30, 2018. The renewal fee of \$250.00 is included. Any renewal application submitted after October 1st shall include a \$50.00 penalty fee.

MANAGING FUNERAL DIRECTOR Name: \_\_\_\_\_

Residence Physical Address

License #

MANAGING EMBALMER Name: \_\_\_\_\_

Residence Physical Address

License #

Does this establishment sell pre-need funerals? Yes\_\_\_ No\_\_\_ COA Number \_\_\_\_\_

Does this establishment have a crematory on the premises? Yes\_\_\_ No\_\_\_

Does embalming occur at this establishment (branch Location)? Yes\_\_\_ No\_\_\_

If No, list where does embalming occurs \_\_\_\_\_

TYPE OF OWNERSHIP: Sole Proprietor [ ] Partnership [ ] Corporation [ ] LLC [ ]

\*\*If Proprietorship or Partnership, LIST name(s) of owner(s). If Corporation or LLC, LIST corporate name, officers, and titles of those officers. If this portion is not completed the renewal application will not be processed. (If additional space is needed, please provide information on an enclosed sheet.)

\_\_\_\_\_
\_\_\_\_\_

I understand that any false information will subject my license to suspension or revocation.

SIGNATURE

RELATIONSHIP TO ESTABLISHMENT

Sworn and subscribed before me, a Notary Public in State of Alabama on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal

Notary

My Commission Expires: \_

Office Use Only

Table with 5 columns: Received, Posted, CA, CK, CC, CCK, MO, Posted By, Control No.