

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 for the period of October 1, 2018 through September 30, 2020, is now due. Please complete the information below and return with the renewal fee of \$500.00 to the Board office. Please PRINT or TYPE all information!! This form must accompany your renewal fee. All renewal applications must be returned with fees by October 1, 2018. \*\*A penalty fee of \$100.00 will be due on each license renewed after October 1, 2018 through October 31, 2018. After this period, any lapsed license may be reinstated only by complying with the provisions relating to the issuance of an original license, in addition to payment of all lapsed fees and penalties.

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? 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.