

ALABAMA BOARD OF FUNERAL SERVICE
ESTABLISHMENT RENEWAL APPLICATION

PLEASE TYPE OR PRINT

ESTABLISHMENT NAME: _____ PHONE No.: _____

MAILING ADDRESS: _____ CITY: _____ ZIP: _____

STREET 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, 20__**. The annual renewal fee of **\$100.00** is included. Any renewal application submitted after October 1st shall include a **\$25.00** penalty fee.

MANAGING FUNERAL DIRECTOR:

Name Address License#

MANAGING EMBALMER:

Name Address License#

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 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 SSN#

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: _____