

Applicants applying for a Funeral Establishment license must submit a completed Application for Funeral Establishment to the board office with the \$264.00 fee (\$250.00 Application fee and \$14.00 Highway Patrol Background Check fee) prior to opening. **Please make all fees payable to the Missouri State Board of Embalmers and Funeral Directors (board).**

Upon receiving the completed application and applicable fee, the board has thirty (30) days to grant or deny licensure. Your facility will be inspected to ensure you are in compliance with the requirements of license as set forth in Chapters 333 and 436, as well as the board rules and regulations. For clarification on the requirements of establishment licensure, please refer to board regulation 20 CSR 2120-2.070.

Prior to the board issuing a license we must receive the following for a new license and for amending a license:

- Effective January 1, 2009 Missouri state law requires that a business licensed by the state that engages in retail sales provide a no tax due letter from the Department of Revenue at the time of licensing. Section 114.083.4 RSMo. You may obtain a tax clearance letter by visiting <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>, e-mailing <mailto:taxclearance@dor.mo.gov>, or calling the Department of Revenue at (573) 751-9268.
- The establishment will need to register the entity name and doing business as name with the Secretary of State. <http://www.sos.mo.gov/business/corporations/onlineServices.asp#fictitious>
- You will need to provide proof that the area the funeral home is located is zoned correctly.

The board would like to remind you that any misleading advertisement relating to the establishment is not permitted until licensure is granted (20 CSR 2120-2.070 (13)). (This includes stationery, checks, telephone book advertisements, etc.)

If the applicant(s) have any questions, please do not hesitate to contact the board office at embalm@pr.mo.gov or (573) 751-0813.

Common Questions for Completing the Funeral Establishment Application:

Question 1: Functions, choose all that apply:

- **Function A:** Embalming Only
- **Function B:** Cremation only: a retort must be onsite
- **Function C:** Care and Prep Only (**NO EMBALMING**, Allows you to meet with families, have visitations and funeral s):
- **Function D:** Visitation Only: Choose D (In order to have a location with this function there must be another location that has a Function C)
- **Function E:** Funeral Office Only: allows funeral arrangements and furnish funeral services in connection with the disposition of dead human bodies or the sale of funeral merchandise and file death certificates, no funeral services are to be held at the location
- **Function A & C:** Embalming, Care and Preparation
- **Function A, B & C:** Embalming, Cremation, Care and Preparation

Question 2: Entity Name Examples:

- **Sole Proprietor:** (John Doe)
- **Corporation:** (ABC Funeral Home, Inc.), this must match how the entity is registered with the Secretary of State.
- **Partnership:** (John Doe and Jane Doe)
- **LLC:** (ABC Funeral Home, LLC) this must match how the entity is registered with the Secretary of State.

Question 3: Owner's Social Security Number:

- Sole Proprietor and Partnership use Owner (s)SSN
- Employer Identification Number (EIN) for Corporations, LLC's and Partnerships.

Question 5: If you choose to do business by any other name than your Entity Name, you must register as fictitious name with the Secretary of State. The address listed on the fictitious name will need to match the physical street address of the establishment you are wanting to license.

Question 6: Physical Address (Where the establishment is located)

Question 7: Physical County (Where the establishment is located)

Question 8: Address where you want mail received.

Question 13:

- **Sole Proprietor:** Name of the Owner
- **Corporation:** President, Vice President, Secretary, and Treasure
- **Partnership:** Name of each partner
- **LLC:** Names of each member

Questions 14-17 (Corporations and LLC) Registered Agent: The person listed on the registration with the Secretary of State.

Questions 18-26: If you answer **YES** to any of the questions, you **MUST** follow the instructions in **BOLD** or the application will not be processed.

Question 27: If you are purchasing an existing business, you will need to supply the current name (exactly how it is registered with the Board) and the current license number.

Question 28: Please supply the Current Entity Name as it is registered with the board.

Question 30: When we run the background check on the Funeral Director in Charge, if there is background that appears and is not noted in this section, the application will be rejected and will have to be corrected, a written explanation from the FDIC and certified court documents will need to be provided to the board before the application will be processed.

Questions 31-32: Please write only those who are currently licensed with the board in their respective roles (FD or EMB) including their license numbers. Apprentices of either FD or EMB are not included in this section.

Question 33: If the entity will be licensed as a Preneed Provider/Preneed Seller and you ARE accepting the contracts from the previous establishment then check YES

Question 34: if this is a brand new entity being registered then check mark PENDING.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
 3605 MISSOURI BOULEVARD • P.O. BOX 423
 JEFFERSON CITY, MO 65102
 TELEPHONE (573) 751-0813
 FAX (573) 751-1155
 TTY (800) 735-2966
 WEBSITE: <http://pr.mo.gov/embalmers.asp>
 EMAIL: embalm@pr.mo.gov

INSTRUCTIONS: Use this form to apply for licensure as a funeral establishment. Mail completed form to: Missouri State Board of Embalmers and Funeral Directors, P.O. Box 423, Jefferson City, Missouri 65102. **Please use additional sheets where applicable.**

FOR BOARD USE ONLY	
LICENSE NO.	DATE LICENSED
PRE-LICENSE NO.	
FEE RECEIVED	DATE DEPOSITED
CHECK NUMBER	INITIALS

NOTE: Fees paid to the Board are not refundable. Do not submit this application to the Board until the Funeral Establishment is ready for inspection. The establishment will be licensed for only the function(s) you have checked. If the establishment increases the functions for which it will be used, you will be required to file a New Establishment Application and pay the appropriate fee for a new license. If the establishment reduces the functions for which it is licensed, you must surrender the license and notify the board of the changes in its use. A duplicate license will be issued at no additional fee.

1. PLEASE CHECK THE APPROPRIATE BOX(ES) TO NOTIFY THE BOARD THAT THE ESTABLISHMENT WILL BE USED.
- A. FUNCTION A ESTABLISHMENTS SHALL HAVE AUTHORITY TO EMBALM DEAD HUMAN BODIES AND TO TRANSPORT DEAD HUMAN BODIES TO AND FROM THE FUNERAL ESTABLISHMENT. (Embalming Only)
 - B. FUNCTION B ESTABLISHMENTS SHALL HAVE AUTHORITY TO CREMATE DEAD HUMAN BODIES AND TO TRANSPORT DEAD HUMAN BODIES TO AND FROM THE FUNERAL ESTABLISHMENT. (Cremation Only - Facility has a Retort Onsite)
 - C. FUNCTION C ESTABLISHMENTS SHALL HAVE AUTHORITY FOR THE CARE AND PREPARATION OF DEAD HUMAN BODIES, OTHER THAN BY EMBALMING OR CREMATING, AUTHORITY TO TRANSPORT DEAD HUMAN BODIES TO AND FROM THE FUNERAL ESTABLISHMENT, MAKE FUNERAL ARRANGEMENTS, AND FURNISH ANY FUNERAL SERVICES IN CONNECTION WITH THE DISPOSITION OF DEAD HUMAN BODIES OR THE SALE OF FUNERAL MERCHANDISE. (Care and Preparation Only)
 - D. FUNCTION D ESTABLISHMENTS SHALL HAVE AUTHORITY TO CONDUCT VISITATIONS AND FUNERAL CEREMONIES ONLY. A FUNCTION D LICENSE IS DEPENDENT UPON AND MUST BE OPERATED UNDER THE SUPERVISION AND OWNERSHIP OF A FUNCTION C ESTABLISHMENT. (Visitations Only - you can have this function only if you have another location licensed for Care and Preparation.)
 - E. FUNCTION E ESTABLISHMENT SHALL HAVE THE AUTHORITY TO MAKE FUNERAL ARRANGEMENTS AND FURNISH ANY FUNERAL SERVICES IN CONNECTION WITH THE DISPOSITION OF DEAD HUMAN BODIES OR THE SALE OF FUNERAL MERCHANDISE AND FILE DEATH CERTIFICATES.

*IF THE ESTABLISHMENT IS GOING TO OPERATE UNDER ANY OTHER NAME, PLEASE INDICATE THE DOING BUSINESS AS (d/b/a) DIRECTLY UNDER THE NAME OF ESTABLISHMENT. EACH APPLICATION FOR A FUNERAL ESTABLISHMENT SHALL BE MADE IN THE NAME OF THE PERSON OR BUSINESS ENTITY AUTHORIZED TO CONDUCT BUSINESS IN MISSOURI. NO LICENSE SHALL BE ISSUED TO AN ESTABLISHMENT THAT HAS NO LEGAL RECOGNITION. THE ESTABLISHMENT LICENSE ISSUED BY THE BOARD IS EFFECTIVE FOR A FIXED PLACE OR ESTABLISHMENT AND FOR A SPECIFIC NAME OF A PERSON OR ENTITY AUTHORIZED TO CONDUCT BUSINESS IN MISSOURI. 20 CSR 2120-2.070

2. NAME OF ESTABLISHMENT (INDIVIDUAL OR CORPORATION NAME)	3. OWNER'S SOCIAL SECURITY NUMBER (REQUIRED)
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4. TYPE OF ENTITY (PLEASE CHECK)
 SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP (PLEASE LIST PARTNERS BELOW) LLC OTHER _____

5. WILL THE APPLICANT DO BUSINESS UNDER ANOTHER NAME? IF SO, LIST d/b/a NAME (must be registered with Missouri Secretary of State)

6. PHYSICAL ADDRESS (STREET, CITY, STATE, ZIP)	7. COUNTY
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8. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (STREET, CITY, STATE, ZIP)	9. MISSOURI SALES TAX IDENTIFICATION NUMBER
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10. TELEPHONE NUMBER	11. FAX NUMBER	12. EMAIL ADDRESS
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13. NAME THOSE WHO HAVE CONTROLLING INTEREST IN THE BUSINESS AND THEIR TITLES	
NAME	TITLE
14. IF CORPORATION, IN WHAT STATE IS THE CORPORATION INCORPORATED?	15. CORPORATE REGISTRATION NUMBER, IF ANY
16. ADDRESS OF CORPORATE OFFICE (STREET, CITY, STATE, ZIP)	17. NAME OF REGISTERED AGENT/ADDRESS

IMPORTANT: Explanations required in response to questions 18-26 must be on a separate sheet and signed by, or on behalf of, the applicant before a notary public and notarized (even if previously provided to the board).

- | | YES | NO |
|---|--------------------------|--------------------------|
| 18. Has any owner of this establishment ever had any license or right to practice held by you, restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or foreign country? If yes, attach a full explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has any owner of this establishment ever been charged with or convicted of a felony whether or not sentence was imposed or suspended (includes SIS)? If yes, attach a full explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has any owner ever had any professional license, certification, registration or permit revoked, suspended, placed on probation, censured, reprimanded, fined or otherwise subject to any type of disciplinary action? If yes, attach a full explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Is any owner presently being investigated or is any disciplinary action pending against an professional license, certification, registration or permit held by any owner or the funeral director in charge? If yes, attach a full explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Has any owner or the funeral director in charge ever voluntarily surrendered or resigned any professional license, certification, registration or permit? If yes, attach a full explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Has any owner ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime whether or not sentence was imposed (including a SIS), or are such actions currently pending (excluding traffic violations)? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition). | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever been convicted, adjudged guilty by a court, pled guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs, alcohol, whether or not sentence was imposed (including a SIS), or are such actions currently pending? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition). | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you ever been adjudged mentally incompetent by any state or federal court? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition). | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan. | <input type="checkbox"/> | <input type="checkbox"/> |

27. FORMER NAME OF ESTABLISHMENT (IF APPLICABLE)	LICENSE NUMBER
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28. NAME(S) OF FORMER OWNERS

29. THE ESTABLISHMENT WILL BE UNDER THE GENERAL MANAGEMENT AND SUPERVISION OF:

NAME OF FUNERAL DIRECTOR IN CHARGE	LICENSE NUMBER	SIGNATURE
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NOTE: If the funeral director in charge of the establishment changes for a period of more than thirty days, the new funeral director in charge and the former funeral director in charge must jointly or individually notify the Board of the change. Failure to so notify the Board will be considered a violation on the part of each and on the part of the funeral establishment.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 30. HAS THIS PERSON EVER BEEN CONVICTED, ADJUDGED GUILTY BY A COURT, PLEADED GUILTY OR PLEADED NOLO CONTENDERE TO ANY CRIME (INCLUDING ORDINANCE VIOLATIONS)? IF YES, EXPLAIN FULLY. EXPLANATIONS REQUIRED IN RESPONSE TO THIS QUESTION MUST BE ON A SEPARATE SHEET AND SIGNED BY THE APPLICANT BEFORE A NOTARY PUBLIC AND NOTARIZED. | <input type="checkbox"/> | <input type="checkbox"/> |

31. ADDITIONAL FUNERAL DIRECTORS EMPLOYED AT THIS ESTABLISHMENT ARE:

NAME	LICENSE NO.	NAME	LICENSE NO.	NAME	LICENSE NO.

32. IF PARAGRAPH 1A IS CHECKED ON PAGE 1 OF THIS APPLICATION, EMBALMING WILL BE PERFORMED BY THE FOLLOWING DULY LICENSED EMBALMER(S) AT THIS ESTABLISHMENT

NAME	LICENSE NO.	NAME	LICENSE NO.	NAME	LICENSE NO.

	PENDING	YES	NO
33. Is the owner of this establishment assuming responsibility for any preneed contract(s) sold by previous owner(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Is the owner of the establishment licensed as a preneed provider with the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35. PLEASE INDICATE BELOW THE REASON FOR FILING THIS APPLICATION (**CHECK ONE**) (If you are applying for more than one establishment license and the person in charge is the same, only submit one (1) \$14.00 Highway Patrol Background Check Fee.) PLEASE MAKE ALL FEES PAYABLE TO: THE MISSOURI STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS

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|--|---|
| <input type="checkbox"/> NEW Application Fee - \$264 (\$250 Application Fee, \$14.00 Highway Patrol Background Check Fee) | <input type="checkbox"/> CHANGE OF OWNERSHIP - \$264 (\$250 Application Fee, \$14.00 Highway Patrol Background Check Fee) |
| <input type="checkbox"/> CHANGE OF NAME - \$264 (\$250 Application Fee, \$14.00 Highway Patrol Background Check Fee) | <input type="checkbox"/> ADDITION OF FUNCTION - \$264 (\$250 Application Fee, \$14.00 Highway Patrol Background Check Fee) |
| <input type="checkbox"/> CHANGE OF LOCATION - \$264 (\$250 Application Fee, \$14.00 Highway Patrol Background Check Fee) | <input type="checkbox"/> AMENDED APPLICATION - \$39 (\$25 Application Fee, \$14.00 Highway Patrol Background Check Fee) |

36. Missouri state law requires that a business licensed by the state that engages in retail sales provide a no tax due letter from the Department of Revenue at the time of licensing. Section 144.083.4 RSMo, this letter must be issued within the last 90 days. You may obtain a tax clearance letter by visiting <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>, e-mailing <mailto:taxclearance@dor.mo.gov>, or calling the Department of Revenue at (573) 751-9268.

If the entity does not engage in the sale of goods at retail please check this box.

I AGREE TO EQUIP, OPERATE AND MAINTAIN THE SAME IN ALL RESPECTS AS A FUNERAL ESTABLISHMENT, AS REQUIRED BY LAWS AND REGULATIONS OF THE STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS AND THE MISSOURI DEPARTMENT OF HEALTH AND HUMAN SERVICES, AND COMPLY WITH ALL OTHER STATE, FEDERAL, AND LOCAL LAWS.

AFFIDAVIT OF APPLICANT

I, _____, being first duly sworn and upon my oath do hereby state the foregoing
PRINT NAME

application has been completed on behalf of the applicant truthfully and completely, without omission, and that all answers, statements, designations and consents are true and correct to the best of my knowledge and belief. I, the undersigned, have personally reviewed the information contained herein and hereby submit this application for a funeral establishment license to the State Board of Embalmers and Funeral Directors on behalf of the above-named applicant. I have authority to make this application.

I affirm that I made this affidavit knowingly, and understand that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo and also to denial of this application pursuant to Section 333.330.2, RSMo.

NOTARY SECTION	SIGNATURE AND TITLE		NOTARY PUBLIC SEAL/STAMP
	PLEASE PRINT NAME AND TITLE		
STATE OF MISSOURI	COUNTY		
Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____.			
NOTARY PUBLIC SIGNATURE		COMMISSION EXPIRES	
NOTARY PUBLIC PRINTED NAME			