

ALABAMA BOARD OF FUNERAL SERVICE
ESTABLISHMENT APPLICATION
(Submit Separate Application for each Establishment)

From: _____
(Name of Funeral Establishment)

Bus. Address: _____
(Street & No.) (City) (State) (Zip) (Tel. No.)

Mailing Address: _____

Application is hereby submitted for license as a FUNERAL ESTABLISHMENT under the provisions of Section 34-13-113, Code of Alabama, for the fiscal year ending September 30, 20___. Attached hereto is License Fee of \$400.00 and a description with photographs of the building(s), equipment, and facilities of the establishment. Applicant has read and understands and agrees to abide by the provisions of Title 34, Chapter 13, Code of Alabama, 1975, which governs the issuance of the License requested.

In support of this application, the following data is submitted and attested:

1. The name and address of the Funeral Establishment requested to be licensed is as stated above.

2. OPERATING FUNERAL DIRECTOR: _____
(NAME) (LICENSE #)
(STREET ADDRESS/P.O. BOX) (CITY) (STATE) (ZIP) (PHONE)

3. OPERATING EMBALMER: _____
(NAME) (LICENSE #)
(STREET ADDRESS/P.O. BOX) (CITY) (STATE) (ZIP) (PHONE)

4. Will this Establishment sell Pre-Need Funerals? YES NO If YES, The Certificate of Authority License Number must be provided before a establishment license can be issued.

5. The Funeral Establishment is owned by (circle appropriate) INDIVIDUAL PROPRIETOR PARTNERSHIP CORPORATION L.L.C

6. If INDIVIDUAL PROPRIETOR OR PARTNERSHIP, give name and address of each owner:

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

If more than four, add under "Remarks" or attach a separate sheet of paper.

If CORPORATION or L.L.C, give corporate name and list officers: _____
Officers: (Corporate Name)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

State, county, and date of incorporation: _____
(STATE) (COUNTY) (DATE)

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7. I certify that the Establishment and the physical plant, equipment, inventory, supplies, personnel and premises meet or exceed the minimum qualifications required by Law for certification and licensing.

8. I certify that the Establishment has a sanitary properly equipped embalming room with a sanitary floor and necessary drainage and ventilation and containing hot and cold running water containing necessary approved tables, instruments and supplies for the preparation and embalming of dead human bodies.

The Establishment has at least one properly licensed funeral coach or hearse equipped for transporting casketed human remains.

The Establishment has a room suitable for public viewing or other funeral service that is able to accommodate a minimum of 100 people.

The Establishment has an arrangement office.

The Establishment has a display room containing a stock of adult caskets and funeral supplies displayed in full size, cuts photographs, or electronic images.

9. The Establishment is made of _____ construction. The approximate square footage of the main building is _____.

10. I certify that I am (owner) a citizen of the United States or legally present in the United States? YES NO

11. It is proposed that the Establishment will be opened on or about the date of _____.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO REVOCATION.

(NAME)

(RELATIONSHIP TO ESTABLISHMENT)

(SOCIAL SECURITY NUMBER)

Subscribed to and before me, a _____ in the State of Alabama this _____ day of _____, 20_____.

Notary
Seal

(NOTARY)

My commission expires _____

Remarks: