

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.: _____

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, 2017 . The annual 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 Address License#

MANAGING EMBALMER:

Name Address License#

Does this establishment sell pre-need funerals? [] YES [] NO If Yes, COA License No.: _____

Does this establishment have a crematory on the premises? [] YES [] NO

Does embalming occur at this establishment (Branch Location)? [] YES [] NO If No, list establishment where 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 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.