

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 **\$200.00**. 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 and maintenance 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. The name, address, and license number of the Funeral Director operating the establishment is _____
(Name)
Phone _____

(License #) (Street Address/P.O. Box) (City) (State) (ZIP)

3. The name, address, and license number of the Embalmer serving the establishment is _____
(Name)
Phone _____

(License #) (Street Address/P.O. Box) (City) (State) (ZIP)

4. The Funeral Establishment is owned by (circle appropriate): (INDIVIDUAL PROPRIETOR) (PARTNERSHIP) (CORPORATION) (L.L.C.)
If INDIVIDUAL PROPRIETOR or PARTNERSHIP, give name or names and address of each owner:

(Name)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)	(Phone)
(Name)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)	(Phone)
(Name)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)	(Phone)
(Name)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)	(Phone)

If more than four, add under "Remarks"

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

(Name)	(Title)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)
(Name)	(Title)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)
(Name)	(Title)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)
(Name)	(Title)	(Street Address/P.O. Box)	(City)	(State)	(ZIP)

State, county, and date of incorporation: _____
(State) (County) (Date)

- 5 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.
- 6 I certify that the Establishment has a sanitary properly equipped embalming room with a sanitary floor and necessary drainage and ventilation and containing necessary approved tables, instruments and supplies for the preparation and embalming of dead human bodies.

2-EST.

The Establishment has at least one motor vehicle equipped for transporting casketed human remains. The Establishment has a casket selection room stocked with an average selection of caskets; normally shown is _____.

7. The Establishment is made of _____ construction. The approximate square footage of the main building is _____.
8. 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)

(Relation to Establishment)

(Social Security Number)

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

Notary
Seal
Here

(Notary-Other)

My Commission expires _____

Remarks: