

RE: License of Funeral Establishment

Dear Applicant:

Thank you for your interest in the Texas Funeral Service Commission.

Enclosed is the Application for License of a Funeral Establishment. This application must be completed, signed and notarized. **Please submit your licensing fee of \$462.00 with this application. Be advised, however, that the license will not be issued until all inspections are completed and all administrative paperwork is received and processed.**

Please include one set of your compliance forms which include a General Price List, Casket Price List, Outer Burial Container Price List, Funeral Purchase Agreement, Embalming Case Report and Authorization to Embalm with the required disclosures.

Please include with your application current Fire and Health inspection documents obtained from your local Fire Marshall and Health Department or a letter from appropriate agencies stating that such inspections are not performed or required at either city or county level.

Upon receipt and approval of the items listed above, we will contact you regarding the scheduling of the physical site inspection by the TFSC inspectors.

Should you have any questions, please contact this agency at (512) 936-2474 or toll free at (888) 667-4881.

APPLICATION FOR LICENSE OF FUNERAL ESTABLISHMENT

Upon completion of all necessary inspections (which includes the inspection required by the Texas Funeral Service Commission), the receipt of the appropriate fee of \$462.00, and receipt of all administrative paperwork the establishment will be issued a new license.

All applicants when applying for a new establishment license, including existing establishments, must comply with T.O.C. 651.351, Funeral Establishment License Requirements, and T.A.C. 203.4, Licensure of Funeral Establishments and Commercial Embalming Establishments and Display of License, by supplying all the required documentation, including the Health and Fire Inspections.

Application is made to the Texas Funeral Service Commission for a license to operate a funeral establishment. The following information is provided as a basis for the issuance of such license:

- New Establishment
- Name Change (NO CHANGE OF OWNERS)
- Change of ownership
- Opening as a result of a cease and desist order

Is this establishment on cemetery property? _____yes _____no

Is this establishment on tax exempt property? _____yes _____no

PLEASE PROVIDE NAME OF EXISTING ESTABLISHMENT _____

Type of Establishment:

- Funeral Home

Name of Establishment _____

Physical Address _____

(street) (city) (zip)

Mailing address (if different from above) _____

County _____

Telephone Number _____ Fax Number _____

Is there a facility in the service area, county, or metro area that bears a similar name?

- Yes
- No

Name & License No. of Funeral Director in Charge: _____

Are you currently serving as FDIC at any other location(s)?

- Yes (Please provide name(s) and location(s) of other establishment(s):

- No

Owner's name: _____

Owner's physical address: _____

Type of business:

- Sole ownership
- Partnership
- Corporation (If corporation, please see Addendum)**MUST SUBMIT CERTIFICATE OF GOOD STANDING WITH APPLICATION**

List names and addresses of the sole owner, partners, or officers of the corporation:

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Name _____ Address _____

Licensed personnel employed and active in this business:

Name _____ License # _____

Name _____ License # _____

Name _____ License # _____

Name _____ License # _____

Name _____ License # _____

Name _____ License # _____

(If additional space is needed, please supplement with extra page)

List all non-licensed personnel:

I am the funeral Director in Charge and responsible for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the funeral establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness of the information contained in this application.

Signature _____
Funeral Director in Charge

Subscribed and sworn to before me this _____ day of _____,
_____.

(Seal)

Notary Public _____ **expires**

TO BE COMPLETED BY OWNER OR OFFICER OF FUNERAL ESTABLISHMENT

Each funeral establishment shall designate to the Commission a Funeral Director in Charge, and such Funeral Director in Charge shall be directly responsible for the funeral directing and embalming of the licensee. Any change or changes in such designation shall be given to the Commission in writing within 15 days. I hereby consent to reasonable inspection of this establishment and its records for compliance with the Mortuary Laws of the State of Texas at such times as may be designated by the Texas Funeral Service Commission.

State of Texas

County of _____

Before me, the undersigned, a notary public in and for the County aforesaid, on this day personally appeared _____, known to me, who by me being placed under oath, disposes and says that he/she is the _____ of the _____

Title

Establishment Name

And the statements and information contained in this application are true and correct.

Signature
Residence Address
City, State, Zip

Subscribed and sworn to before me this _____ day of _____, _____.

(Seal)

Notary Public expires

ADDENDUM

FRANCHISE TAX

Rule 203.25 requires any corporate applicant for a license or permit issued by this agency to certify in writing that its franchise taxes are current, that the corporation is exempt from payment of the franchise tax, or that it is an out-of-state corporation that is not subject to the Texas franchise tax.

If you certify corporate ownership on the application, the certification below must be completed and returned with the application.

FRANCHISE TAX CERTIFICATION

I hereby certify that _____, the corporation listed as
Name of Corporation
the owner of _____, in the city of
Name of Funeral Establishment
_____, Texas, is:

- Current on the payment of its Texas franchise tax; or
- Exempt from payment of the Texas franchise tax; or
- An out-of-state corporation that is not subject to the Texas franchise tax.

I understand that any false statement as to the corporate franchise tax status on this certification is ground for disciplinary action.

I hereby state under oath that the statements contained herein are true and correct to the best of my knowledge.

Signature

Subscribed and sworn to before me this _____ day of _____,
_____.

(Seal)

Notary Public expires