Establishment Application
Kentucky Board of Embalmers and Funeral Directors

Date _____
Example: mm/dd/yyyy

I (We) do hereby make applications for the following establishment license in the state of Kentucky:

☐ Full Service Establishment ☐ Visitation & Ceremonial ☐ Embalming

The firm name and location will be as follows:

Name: _____ County: _____

Address _____ City: _____ State: _____

Zip Code: _____ Telephone # _____ Fax # _____

Name & addresses of owners:

_____

Please check type of ownership: ☐ Sole Ownership ☐ Partnership ☐ Corporation ☐ LLC

Note: If ownership is a corporation, attach a copy of the articles of incorporation and list the name of licensed officer and stockholder. If ownership is a partnership, attach a copy of your agreement. Will the owner(s) be active in the operation of this business?

☐ Yes ☐ No

The licensed managers(s) of the establishment will be:

Funeral Director: _____ License # _____

Embalmer: _____ License # _____

Note: Attach a list of ALL licensed funeral directors and embalmers who will be associated with this establishment. List their license number and indicate the full-time or part-time employees.

I (We) do hereby make an oath that the forgoing statements are true and accurate to the best of my (our) knowledge, and further understand that if there is any substantial change in the information given herein, the board office is to be notified, in writing within (10) days of such change. I (We) further certify that I (We) have never been convicted of any felony other than a minor traffic violation.

Sworn to this the _____ day of _____, _____.

_____ _____
Owner or Officer/Officer & Stockholder (sign) Manager (sign)

Ky Owner license number _____ Manager's license number _____

State of Kentucky County of _____

Personally appeared before me, a notary public in and for the county and state aforesaid, the person or persons whose name or names appear above, and made oath that they have executed the foregoing application for the purpose stated therein and that all information given is true to the best of their knowledge, information and belief.

Executed before me this the _____ day of _____, _____ .

My commission expires: _____ _____
Notary Public

Board issued license number: _____

Approved by a quorum of the Board on the _____ day of _____ , _____.

Please include the following:

- Check for $150.00 made out to the Kentucky Board of Embalmers & Funeral Directors
- Picture of the establishment
- Picture(s) of the manager(s)
- If you are purchasing the establishment include a notarized letter from the seller
- If your establishment is a corporation include Articles of Incorporation
- If your establishment is a partnership include Partnership Agreement
- If your establishment is a LLC please provide the LLC Agreement