

ESTABLISHMENT RENEWAL APPLICATION

Return this renewal notice, **typed** and properly executed before the license expiration date of July 31 to the above address. A fee of \$150 payable to: KY Board of Embalmers & Funeral Directors must accompany this completed form. Renewals require at least 7 business days to process. Incomplete forms may be subject to an additional fee. Please include a list of all license holders affiliated with this establishment. **Please provide information currently registered with the Board.**

[Empty box for name of establishment/establishment number]

Name of Establishment/Establishment Number

[Empty boxes for physical address, city, state, zip]

Physical Address City State Zip

[Empty boxes for mailing address, city, state, zip]

Mailing Address City State Zip

[Empty boxes for county, phone, fax]

County Phone Fax

Facility Type: Full Service Visitation/ Cremation Embalming

Does this establishment have an embalming room: Yes / No

List all affiliated establishments with their license number below, attach another page if necessary.

[Three rows of empty boxes for affiliated establishments and license numbers]

List owners and licensed stockholders:

[Empty box for listing owners and licensed stockholders]

Do you have any changes to report (some changes may require an additional fee) Yes / No

Table with 2 columns: Type of change, Correct information. Includes empty boxes for reporting changes.

In compliance with KRS 316.150(3)(c), I hereby certify that I am the licensed Funeral Director and/or Embalmer responsible for the supervision of the operation of this Establishment.

A _____
Funeral Director/Owner Signature

C _____
Funeral Director/Manager Signature

License Number [Empty box]

License Number [Empty box]

B _____
Embalmer/Owner Signature

D _____
Embalmer/Manager Signature

License Number [Empty box]

License Number [Empty box]

Subscribed and sworn before me by _____ and _____ this the _____ day of _____, 20__.

My commission expires _____ County _____ notary signature _____