

ESTABLISHMENT RENEWAL APPLICATION

AUG 2019- JULY 2020

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 address]

Name of Establishment/Establishment Number

[Empty box] [Empty box] [Empty box] [Empty box]

Physical Address

City

State

Zip

[Empty box] [Empty box] [Empty box] [Empty box]

Mailing Address

City

State

Zip

[Empty box] [Empty box] [Empty box]

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.

| | |
|-------------|-------------|
| [Empty box] | [Empty box] |
| [Empty box] | [Empty box] |
| [Empty box] | [Empty box] |

List owners and licensed stockholders:

[Empty box]

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

Type of change

Correct information

| | |
|-------------|-------------|
| [Empty box] | [Empty box] |
| [Empty box] | [Empty box] |

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__.
owner manager

My commission expires _____ County _____ notary signature