

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222
502-426-4589

THIS FORM MUST BE TYPED

All documentation is presented to the Board. Be sure to send all information to the office by the agenda deadline prior to the meeting for which you wish to attend. See the calendar page on the KBEPD website for more information. Must include original, wet signatures and all required documentation. To ensure proper execution of your application, please utilize the following check list:

ESTABLISHMENT CHECKLIST

- Typed, completed application.
- Check for \$500 made out to the Kentucky Board of Embalmers & Funeral Directors.
- A list of all affiliated establishments **or** statement there are no affiliated establishments.
- A list of all licensed employees with license numbers **or** statement there are no other licensed employees other than managers.
- A list of all apprentices and their supervisor **or** statement there are no apprentices.
- A list of all surface transporters **or** statement there are no surface transporters.
- Ensure to read KRS 316.125 and KAR 201 15:110 regarding licensing an establishment.
- Picture(s) of the establishment and signage.
- Picture(s) of manager(s).
- Notarized letter from seller.
- Buy-sell agreement per (201 KAR 15:110 Section 8(2)(e)).
- Stock information per KRS 316.020(3).
- Include a certified copy of property deed or other document demonstrating property transfer and applicant's ownership per KAR 201 15:110 Section 8 (3) OR commercial lease, certificate of occupancy, or other legal document that demonstrates that the application has possession and control of the premises sufficient to be responsible for the property being configured to meet the requirements of these regulations per KAR 201 15:110 Section 8 (i).
- If your establishment is a corporation include Articles of Incorporation or official evidence of change to articles to include the purchase per KAR 201 15:110 Section 8 (f).
- If your establishment is a partnership include Partnership Agreement or official evidence of change to agreement to include the purchase per KAR 201 15:110 Section 8 (g).
- If your establishment is an LLC include the LLC Agreement per KAR 201 15:110 Section 8 (h).
- The license shall expire on July 31 of each year and must be renewed according to KAR 201 15:110 Section 8 (4).

FOR OFFICE USE ONLY

Fee: _____
 B c e m p #: _____
 Note: _____
 Type: _____
 Lic #: _____

Establishment Application

This form must be typed

I (We) do hereby make application for the following establishment license in Kentucky			
Full Service <input type="checkbox"/>	Visitation & Ceremonial <input type="checkbox"/>	Embalming Only <input type="checkbox"/>	
Name to be used on signage, letterhead, obituaries, advertisements			
Descriptive Terms (to be separated from the name by a comma, colon, period, alternate font, line or semi-colon)			
Business Name (if DBA applicable):			
Name of Ownership:			
Physical Address:			
City:	State:	County:	Zip Code:
Phone:	Fax:	Email:	
Mailing Address:			
City:	State:	Zip Code:	
Establishment Relationships			
Sole Ownership <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>
List Unlicensed Owner(s):			
List Licensed Owner(s)/Stockholder(s) and License #:			
Funeral Director Manager Name	Home Address	License #:	
Embalmer Manager Name	Home Address	License #:	

I (we) do hereby make an oath that the foregoing statements are true and accurate to the best of my (our) knowledge, and further understood that if there is any substantial change in the information given herein, the board office is to be notified, in writing within ten (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.

Funeral Director/Manager Name/Signature Lic # Embalmer/Manager Name/Signature Lic #

Owner/Stockholder/Officer Name/Signature

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.

Subscribed and sworn to before me by _____

STATE OF _____ COUNTY OF _____, TO WIT:

Taken, subscribed and sworn to before me this _____ day of _____, 20____

My commission expires: _____

Signature of Notary Public