

KENTUCKY BOARD OF EMBALMERS & FUNERAL DIRECTORS

ESTABLISHMENT CLOSURE NOTICE

FOR OFFICE USE ONLY

Lic. #: _____

Complete: _____

Board Notified: _____

Note: _____

This document must be typed.

Complete this document within 10 business days of closure per 201 KAR 15:110 Section 11 and send to office with establishment license as well as cards for all transporters and apprentices for permanent closure.

ESTABLISHMENT NAME ON LICENSE		PHYSICAL ADDRESS	
LICENSE #		ESTABLISHMENT TYPE	
OFFICE EMAIL		ESTABLISHMENT PHONE	
EMBALMER MANAGER		FUNERAL DIRECTOR MANAGER	
LIST LICENSED EMPLOYEES/LIC #		LIST APPRENTICES	
LIST TRANSPORTERS		LIST AFFILIATED ESTABLISHMENTS	
PLAN FOR ESTABLISHMENT	SELL <input type="checkbox"/> CLOSURE <input type="checkbox"/> OTHER: _____		
PLAN FOR PRENEED			
UTILIZE THE NEXT PAGE TO PROVIDE THE PLAN FOR EACH EMPLOYEE LISTED; ADD PAGES AS NEEDED.			
I/WE CERTIFY THE INFORMATION PROVIDED IN THIS NOTICE IS TRUE AND COMPLETE. I/WE UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION OR OMITTING INFORMATION MAY BE GROUNDS FOR DISCIPLINARY ACTION AGAINST AN EXISTING LICENSE.			
FUNERAL DIRECTOR MANAGER SIGNATURE: _____ PRINT MANAGER NAME/LIC. # _____			
EMBALMER MANAGER SIGNATURE: _____ PRINT MANAGER NAME/LIC. # _____			
SIGNATURE OF PERSON COMPLETING FORM: _____ PRINT NAME/TITLE OF PERSON COMPLETING FORM _____			
Subscribed and sworn to before me by _____ STATE OF _____ COUNTY OF _____, TO WIT: Taken, subscribed, and sworn before me this _____ day of _____, 20____ Notary Public _____ My commission expires: _____			

PLAN FOR EMPLOYEES. COMPLETE FOR EACH EMPLOYEE, ADD PAGES AS NECESSARY. ANY APPRENTICE OR SURFACE TRANSPORTER WHO IS LEAVING THE PROFESSION OR HAS NO PLAN MUST RETURN THEIR CARD; ANY WHO IS TRANSFERRING MUST SEND A NEW APPLICATION.

EMPLOYEE NAME: _____ TYPE: LICENSED ☐ LICENSE # _____
 PLAN: TRANSFER ☐ LEAVING PROFESSION ☐ APPRENTICE ☐ LEVEL II # _____
 NO CURRENT PLAN ☐ RETIRING ☐ TRANSPORT ☐ PERMIT # _____
 OTHER: _____

EMPLOYEE NAME: _____ TYPE: LICENSED ☐ LICENSE # _____
 PLAN: TRANSFER ☐ LEAVING PROFESSION ☐ APPRENTICE ☐ LEVEL II # _____
 NO CURRENT PLAN ☐ RETIRING ☐ TRANSPORT ☐ PERMIT # _____
 OTHER: _____

EMPLOYEE NAME: _____ TYPE: LICENSED ☐ LICENSE # _____
 PLAN: TRANSFER ☐ LEAVING PROFESSION ☐ APPRENTICE ☐ LEVEL II # _____
 NO CURRENT PLAN ☐ RETIRING ☐ TRANSPORT ☐ PERMIT # _____
 OTHER: _____

EMPLOYEE NAME: _____ TYPE: LICENSED ☐ LICENSE # _____
 PLAN: TRANSFER ☐ LEAVING PROFESSION ☐ APPRENTICE ☐ LEVEL II # _____
 NO CURRENT PLAN ☐ RETIRING ☐ TRANSPORT ☐ PERMIT # _____
 OTHER: _____

EMPLOYEE NAME: _____ TYPE: LICENSED ☐ LICENSE # _____
 PLAN: TRANSFER ☐ LEAVING PROFESSION ☐ APPRENTICE ☐ LEVEL II # _____
 NO CURRENT PLAN ☐ RETIRING ☐ TRANSPORT ☐ PERMIT # _____
 OTHER: _____

EMPLOYEE NAME: _____ TYPE: LICENSED ☐ LICENSE # _____
 PLAN: TRANSFER ☐ LEAVING PROFESSION ☐ APPRENTICE ☐ LEVEL II # _____
 NO CURRENT PLAN ☐ RETIRING ☐ TRANSPORT ☐ PERMIT # _____
 OTHER: _____

Reviewed By: _____	Date: _____
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