

Establishment Application

Kentucky Board of Embalmers & Funeral Directors

Office Use Only

Approved by Quorum of the Board	Yes	No	Initials of Board Members:
Board Issued License Number:		Date:	
I (We) do hereby make application for the following establishment license in Kentucky			
Full Service	Visitation & Ceremonial	Embalming Only	
Name to be used on signage, letterhead, obituaries, advertisements			
Descriptive Terms (to be separated from name by a comma, colon, period, or semi-colon)			
Name of Ownership (if Name listed in box 1 is DBA):			
Physical Address			
Address:			
City:	State:	County:	Zip Code:
Phone:	Fax:	Email:	
Mailing Address			
Address:			
City:	State:	Zip Code:	
Establishment Relationships			
Sole Ownership	Partnership	Corporation	LLC
NOTE: Attach relative Articles of Incorporation or a copy of partnership agreement as well list of licensed officer(s) and stockholder(s).			
Will owner(s) be active in the operation of this business?		Yes	No
Please include a list of all affiliated funeral homes.			
Licensed Manager(s) of the establishment:	Funeral Director:	License #:	
	Embalmer:	License #:	
Attach a copy of all licensed individuals employed at this establishment.			

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.

Sworn to this the _____ day of _____, _____.

 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.

Executed before this the _____ day of _____, _____.

My commission expires:

 Notary Public

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 plan to attend. See the calendar page on the KBEPD website for more information. To ensure proper execution of your application, please send the following (according to the situation) to the Board office:

1. Check for \$150 made out to the Kentucky Board of Embalmers & Funeral Directors
2. A list of all affiliated establishments
3. A list of all employees
4. Ensure to read KRS 316.125 and 201 KAR 15:110 regarding licensing an establishment
5. For a new establishment, name establishment according to 201 KAR 15:110 Section 10 which states, in part:
 - a. An establishment shall use the exact name listed on the license for the establishment in all advertisement and sign
 - b. Descriptive terms shall be distinctly separated from the name of the establishment in all signage and advertisements unless registered as part of the official name
 - c. Any advertising, designation or signage for the funeral establishment shall match the classification on the establishment's license
6. Picture(s) of the establishment and signage
7. Picture(s) of manager(s)
8. If you are purchasing the establishment or obtaining majority shares of stock, include a notarized letter from the seller
9. If your establishment is a corporation include Articles of Incorporation
10. If your establishment is a partnership include Partnership Agreement
11. If your establishment is an LLC include the LLC Agreement

THIS FORM MUST BE TYPED
KENTUCKY BOARD OF EMBALMERS AND FUNERAL DIRECTORS 9114 LEESGATE ROAD SUITE 4
LOUISVILLE, KY 40222
PHONE# 502-426-4589 FAX# 502-426-4117