

FOR OFFICE USE ONLY
Fee: _____
B c e m p #: _____
Note: _____
Type: _____
Lic/Per #: _____

**KENTUCKY BOARD OF EMBALMERS & FUNERAL DIRECTORS**  
 9114 LEESGATE RD., LOUISVILLE, KY 40222  
**Phone 502-426-4589**

<b>Staff Use Only</b>
<b>Renewal Year(s)</b>

**ESTABLISHMENT RENEWAL APPLICATION**  
**THIS FORM MUST BE TYPED**

Return this renewal notice, typed and properly executed to the above address. Establishment renewal fee is **\$500.00**. **If the renewal is late, a late fee of \$500** must also accompany this completed form. Please make check payable to: **KY Board of Embalmers & Funeral Directors**. The current license expires July 31. Include GPL, CPL, OBCL, apprentices, surface transporters, list of affiliated establishments and all full- and part-time licensed employees for the establishment. Please note\*\*\*Visitation/Ceremonial and Embalming Service Establishments may only have one signature for A or B; there must be at least one licensed stockholder. Original, wet signatures are required.

Name of Establishment:	Establishment License #:			
Physical Address:	City	County	Zip	
Mailing Address:	City	County	State:	Zip
Phone	Email			

Choose your facility type. Only one will apply.	Choose your ownership type.	The major owner of the firm is:	
<input type="checkbox"/> Full Service	<input type="checkbox"/> Sole Ownership	<input type="checkbox"/> Independent	<input type="checkbox"/> Saber Management
<input type="checkbox"/> Visitation & Ceremonial	<input type="checkbox"/> LLC	<input type="checkbox"/> Carriage Services	<input type="checkbox"/> SCI
<input type="checkbox"/> Embalming	<input type="checkbox"/> Partnership	<input type="checkbox"/> Evergreen	<input type="checkbox"/> Other
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Everstory	

List owners/officers and stockholders of the firm. (Form will be returned if not completed.)

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

A _____ Funeral Director Manager Signature License Number	B _____ Embalmer Manager Signature License Number
C _____ Licensed Owner/Stockholder Signature License Number	D _____ Licensed Owner/Stockholder Signature (if applicable) License Number

Subscribed and sworn to before me by \_\_\_\_\_ Owner and \_\_\_\_\_ Manager

this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name	Role
	<input type="checkbox"/> License # _____ <input type="checkbox"/> Apprentice <input type="checkbox"/> Transporter # _____ <input type="checkbox"/> Affiliated Establishment # _____
	<input type="checkbox"/> License # _____ <input type="checkbox"/> Apprentice <input type="checkbox"/> Transporter # _____ <input type="checkbox"/> Affiliated Establishment # _____
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