



## FUNERAL SERVICE BRANCH ESTABLISHMENT APPLICATION

**Branch Establishment Application Fee - \$600.00. All fees must be paid by check or money order made payable to the Treasurer of Virginia. All fees are non-refundable.**

Main Establishment License Number: \_\_\_\_\_

### ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

OWNER'S FULL NAME			
BRANCH NAME			
BRANCH MAILING ADDRESS	CITY	STATE	ZIP CODE
BRANCH LOCATION ADDRESS	CITY	STATE	ZIP CODE
BRANCH TELEPHONE NUMBER	BRANCH EMAIL ADDRESS		
NAME OF MAIN ESTABLISHMENT			

### TYPE OF BUSINESS (Select only one)

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> LIMITED PARTNERSHIP*	<input type="checkbox"/> GENERAL PARTNERSHIP**
<input type="checkbox"/> CORPORATION*	<input type="checkbox"/> LIMITED LIABILITY COMPANY*	<input type="checkbox"/> OTHER _____
Federal Employee Identification Number (FEIN) _____ - _____		

\*All Corporations, Limited Liability Companies, and Limited Partnerships must register with the Virginia State Corporation Commission (SCC), including any trade/fictitious names, prior to applying for licensure with the Virginia Board of Funeral Directors and Embalmers. For additional information, please contact the SCC at (804) 371-9733. Attach documentation.

\*\*General Partnerships must attach recording data or a certificate of partnership issued by the Virginia State Corporation Commission.

Business entities that are trading under a fictitious name(s), which are not corporations, must attach a copy of the certificate filed with the clerk of the court in the locality where business will be conducted.

***APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY***

APPROVED BY \_\_\_\_\_

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
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**MANAGER OF RECORD INFORMATION**

MANAGER'S FIRST NAME	MANAGER'S MIDDLE NAME	MANAGER'S LAST NAME	
MANAGER'S LICENSE NUMBER		MANAGER PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
MANAGER'S EMAIL ADDRESS			

**LIST ALL PRINCIPALS (OWNERS/OFFICERS/DIRECTORS) (Use additional paper, if needed)**

NAME #1		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME #2		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
NAME #3		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE

**LICENSURE QUESTIONS (To be answered by the Manager of Record)**

Any supporting documentation related to the questions below should be submitted to:  
 Virginia Board of Funeral Directors and Embalmers  
 Perimeter Center  
 9960 Mayland Drive, Suite 300  
 Henrico, VA 23233

**YES NO**

1. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.

 

Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).

	<b>YES</b>	<b>NO</b>
2. Have you ever had any of the following disciplinary actions taken against a license/registration to practice funeral services or any such actions pending: (a) suspension/revocation; (b) probation; (c) reprimand/cease and desist; (d) had your practice monitored; (e) monetary penalty; (f) denied licensure (g) refused renewal; (h) denied examination?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, submit notices, orders, etc., from the regulatory authority where disciplined.

3. Are you a manager of another funeral home?		
If yes, please provide the name and license number of the funeral home below.	<input type="checkbox"/>	<input type="checkbox"/>

**MILITARY SERVICE**

	<b>YES</b>	<b>NO</b>
4. Are you active-duty military?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, <u>or</u> 2) a veteran who has left active duty service within one year of submission of this application?	<input type="checkbox"/>	<input type="checkbox"/>

**ADDITIONAL LICENSURE QUESTIONS**

	<b>YES</b>	<b>NO</b>
A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If yes, please provide a full explanation. Note: The Board may ask for additional documentation.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If no, please provide a full explanation. Note: The Board may ask for additional documentation.	<input type="checkbox"/>	<input type="checkbox"/>
C. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a full explanation on a separate page.		
D. Within the past five years, have you been disciplined by any entity?	<input type="checkbox"/>	<input type="checkbox"/>
Please provide a full explanation and any associated orders or letters from the entity.		
E. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)	<input type="checkbox"/>	<input type="checkbox"/>

**LICENSURE QUESTIONS (To be answered by the Owner)**

Any supporting documentation related to the questions below should be submitted to:  
 Virginia Board of Funeral Directors and Embalmers  
 Perimeter Center  
 9960 Mayland Drive, Suite 300  
 Henrico, VA 23233

YES NO

1. Does this establishment replace a facility presently licensed by the Board of Funeral Directors and Embalmers?

If yes, please list the name and the license number of the facility and date it will be officially closed:

Name: \_\_\_\_\_

License number: \_\_\_\_\_

Closure Date (MM/DD/YY): \_\_\_\_\_

2. Have you ever been denied a funeral service establishment license?

If yes, submit notices, orders, etc. from the regulatory authority authorized to take such actions.

3. Have you ever had any of the following disciplinary actions taken against a license/registration to practice funeral services or any such actions pending: (a) suspension/revocation; (b) probation; (c) reprimand/cease and desist; (d) had your practice monitored; (e) monetary penalty; (f) denied licensure (g) refused renewal; (h) denied examination?

If yes, submit notices, orders, etc., from the regulatory authority where disciplined.

**AGREEMENT OF MANAGER OF RECORD**

I agree to serve as the Manager of Record at the establishment named herein and assume the duties and responsibilities incumbent to the role as specified in the Regulations of the Virginia Board of Funeral Directors and Embalmers. By signing my name below, I acknowledge that I have read and understand the responsibilities of the Manger of Record and agree to perform those duties.

\_\_\_\_\_  
Signature of Manager of Record

\_\_\_\_\_  
Date

**AFFIDAVIT OF OWNER**

I certify that I have carefully read the laws and regulations related to the Virginia Board of Funeral Directors and Embalmers, which are available at <http://www.dhp.virginia.gov/funeral> and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understanding that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

*For Branch Establishments only:* I certify that the branch establishment for which this application has been submitted is affiliated with the licensed main establishment named herein, and that main establishment conforms with the requirements of Virginia Code §54.1-2811.

I agree to the above certification.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date