



FUNERAL SERVICE ESTABLISHMENT/BRANCH APPLICATION

MARK ONLY ONE BOX:

- New Establishment Application - \$600.00 Fee
- Branch Establishment Application - \$600.00 Fee (Main Establishment License Number: _____)
- Change of Ownership with re-inspection - \$500.00 Fee
- Change of Location with Inspection - \$400.00 Fee (Change Effective Date (MM/DD/YY) _____)
(License Number of Establishment Presently Licensed by the Board: _____)
- Change of Establishment Name - \$100.00 Fee (Change Effective Date (MM/DD/YY) _____)

All fees must be paid by check or money order made payable to the Treasurer of Virginia. All fees are non-refundable.

ESTABLISHMENT INFORMATION (PLEASE PRINT IN BLUE OR BLACK INK)

OWNER'S FIRST NAME		OWNER'S LAST NAME		
ESTABLISHMENT/BRANCH NAME				
ESTABLISHMENT/BRANCH MAILING ADDRESS		CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH ADDRESS		LOCATION	CITY	STATE
ESTABLISHMENT/BRANCH NUMBER		TELEPHONE	ESTABLISHMENT/BRANCH EMAIL ADDRESS	

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			

CHANGE OF ESTABLISHMENT NAME (IF APPLICABLE)

PREVIOUS ESTABLISHMENT/BRANCH NAME	PREVIOUS ESTABLISHMENT/CHANGE LICENSE NUMBER		
NEW ESTABLISHMENT/BRANCH NAME			
ESTABLISHMENT/BRANCH MAILING ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH LOCATION ADDRESS	CITY	STATE	ZIP CODE
ESTABLISHMENT/BRANCH TELEPHONE NUMBER	ESTABLISHMENT/BRANCH 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.	<input type="checkbox"/>	<input type="checkbox"/>
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.).		
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.		
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MILITARY SERVICE	YES	NO
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	YES	NO
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.		
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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?

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.)

YES NO

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

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

YES NO

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

YES NO

Name: _____ License number: _____ Closure Date (MM/DD/YY): _____

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

YES NO

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?

YES NO

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 understand 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.

I agree to the above certification.

Signature of Owner

Date