

STATE BOARD OF FUNERAL DIRECTORS

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 State Board of Funeral Directors
 PO Box 2649
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 State Board of Funeral Directors
 2601 North Third Street
 Harrisburg, PA 17110

APPLICATION FOR A PROFESSIONAL CORPORATION FUNERAL ESTABLISHMENT

FEE: \$150.00 NON-REFUNDABLE APPLICATION FEE. CHECK OR MONEY ORDER ONLY, MADE PAYABLE TO THE "COMMONWEALTH OF PENNSYLVANIA." THERE IS A \$20.00 CHARGE FOR ALL CHECKS RETURNED "NOT PAID" REGARDLESS OF THE REASON FOR NON-PAYMENT.

IS THIS APPLICATION FOR AN EXISTING FUNERAL ESTABLISHMENT? YES NO
IF THE ANSWER IS "YES", PLEASE PROVIDE THE CURRENT LICENSE NUMBER OF THE

FUNERAL ESTABLISHMENT:

SECTION 1:

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE FUNERAL ESTABLISHMENT AS YOU WISH IT TO BE LICENSED.

CORPORATION NAME:	
CORPORATION ADDRESS:	
FICTITIOUS NAME, IF APPLICABLE	
BUSINESS TELEPHONE NUMBER:	
MAY WE CONTACT YOU VIA EMAIL?	YES _____ NO _____ IF YES, EMAIL ADDRESS: _____
IS FACILITY READY FOR INSPECTION?	YES _____ NO _____ IF NO, WHEN WILL FACILITY BE READY? _____

SECTION 2: SUPERVISOR INFORMATION

SUPERVISOR NAME:	
LICENSE NUMBER:	

SECTION 3:

	YES	NO
DO YOU OWN OR HAVE SHARES OR A PROPRIETARY INTEREST IN ANY OTHER FUNERAL ESTABLISHMENT? IF "YES" PROVIDE DATE OF OWNERSHIP:		
HAVE YOU EVER FORMED ANY OTHER FUNERAL BUSINESS CORPORATION? IF "YES", PROVIDE NAME, ADDRESS AND LICENSE NUMBER: NAME: _____ ADDRESS: _____ _____ LICENSE NUMBER: _____		
IF "YES", DOES THE CORPORATION STILL EXIST?		

SECTION 4:

PLEASE LIST SHAREHOLDERS NAMES AND FUNERAL DIRECTOR LICENSE NUMBERS.

NAME	LICENSE NUMBER

SECTION 5:

PLEASE LIST THE NAMES AND LICENSE NUMBERS OF ALL FUNERAL DIRECTORS WHO ARE OR WILL BE WORKING IN THE FUNERAL ESTABLISHMENT. PLEASE LIST SUPERVISOR FIRST.

NAME	LICENSE NUMBER

SECTION 6:

STATEMENT OF RIGHT TO OCCUPY PREMISES

I, _____, OWN THE PREMISES AT
(name(s) of person(s) who will own the property where this license will be displayed)

AND THAT _____
(name of the funeral establishment as listed in Section 1 of this application)

HAS THE RIGHT TO OCCUPY THE PREMISES FOR THE PURPOSE OF CONDUCTING THE PRACTICE OF
FUNERAL DIRECTING.

SIGNATURE OF OWNER _____ DATE _____

SECTION 7: CERTIFICATION STATEMENT

BY SIGNING BELOW, I VERIFY THAT THIS FORM IS IN THE ORIGINAL FORMAT AS SUPPLIED BY THE DEPARTMENT OF STATE AND HAS NOT BEEN ALTERED OR OTHERWISE MODIFIED IN ANY WAY. I AM AWARE OF THE CRIMINAL PENALTIES FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 Pa. C.S.§49.11.

ADDITIONALLY, I CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, AND THAT I AM OF GOOD MORAL CHARACTER. I UNDERSTAND THAT ANY FALSE STATEMENT MADE IS SUBJECT TO THE PENALTIES OF 18 Pa. C.S.§4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND MAY RESULT IN THE SUSPENSION OR REVOCATION OF MY LICENSE OR CERTIFICATE.

APPLICANT'S SIGNATURE _____ DATE _____

SECTION 8:

PURSUANT TO §13.91 OF THE REGULATIONS AND SECTION 8(d) OF THE ACT, PLEASE SUBMIT:

	ITEM	CHECK IF ENCLOSED
1	A TIME STAMPED OR CERTIFIED COPY OF THE ORIGINAL ARTICLES OF INCORPORATION SHOWING THAT THEY HAVE BEEN FILED IN THE CORPORATION BUREAU OF THE DEPARTMENT OF STATE, AND SHOWING THE DATE OF THE FILING. THE ARTICLES OF INCORPORATION <u>MUST</u> CONTAIN A PROVISION STATING THAT THE CORPORATION WAS INCORPORATED SPECIFICALLY FOR THE PURPOSE OF CONDUCTING A FUNERAL DIRECTING PRACTICE. SEE SECTION 8(d) OF THE FUNERAL DIRECTOR LAW.	
2	PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD. THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
3	PROPOSED STATEMENT OF GOODS AND SERVICES. THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
4	PRE-NEED INFORMATION, IF APPLICABLE.	
	a. A LISTING OF EXISTING PREPAID BURIAL CONTRACTS THAT WILL BE ASSUMED BY YOU BEARING YOUR SIGNATURE AND THE SELLER'S SIGNATURE OR	
	b. A DOCUMENT WHEREBY YOU EXPRESSLY REFUSE TO ASSUME ANY OR ALL OF THE EXISTING PREPAID BURIAL CONTRACTS. YOU MUST PROVIDE THE REASON FOR REFUSAL.	
	c. A PROPOSED WRITTEN NOTIFICATION OF THE TRANSFER TO THE PURCHASERS OF THE PREPAID BURIAL CONTRACTS.	
	d. IF THERE ARE NO PREPAID CONTRACTS, CHECK HERE <input type="checkbox"/>	
5	A NOTARIZED COPY OF YOUR WRITTEN REQUEST TO THE TELEPHONE COMPANY FOR YOUR NEW LISTING.	
6	APPLICATION FOR THE FUNERAL SUPERVISOR	
7	WRITTEN AUTHORIZATION(S) FROM OTHER FUNERAL ENTITIES WHERE LICENSED	

[] Check box if claiming a Business fee exemption for veteran-owned and reservist-owned small business under Act 135 of 2016 (51 Pa.C.S. §§ 9610-9611)

Under Act 135 of 2016, veterans and reservists starting or opening a small business in the Commonwealth are exempt from the payment of a business fee effective January 2, 2017. Therefore, the board will waive the initial application fee for veteran- or reservist-owned small businesses as follows:

1. The veteran/reservist owner(s) must certify below that they are starting a small business in the Commonwealth. A small business must be independently owned, not dominant in its field of operation and employ 100 or fewer employees. The business must be owned AND controlled by a veteran or reservist. For businesses with multiple owners, at least 51% of the ownership interest must be held by veterans/reservists to claim the exemption.
2. The veteran/reservist owner(s) must attach proof of the veteran's or reservist's status at the time the initial application is submitted. Such proof includes a legible photocopy of:
 - A Federal DD-214 form
 - A Federal NGB-22 form
 - A valid Federal Veterans' Administration card or
 - A valid Department of Defense-issued military identification card

CERTIFICATION STATEMENT:

I hereby certify that I am applying for this license in order to start or open a small business in the Commonwealth of Pennsylvania as defined above, that I am a veteran or reservist as evidenced by the attached documentation, and that at least 51% of the ownership of the small business is veteran- or reservist-owned.

Signature of veteran/reservist applicant

Date

Printed name of veteran/reservist applicant

**** Use additional sheets as necessary for each veteran/reservist owner**