

STATE BOARD OF FUNERAL DIRECTORS

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

APPLICATION FOR A RESTRICTED BUSINESS 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:	
IS FACILITY READY FOR INSPECTION?	YES OR NO (PLEASE CIRCLE) IF NO, WHEN WILL FACILITY BE READY? _____

SECTION 2: SUPERVISOR INFORMATION

SUPERVISOR NAME:	
LICENSE NUMBER:	

SECTION 3: OFFICER'S INFORMATION

PLEASE LIST THE PRINCIPAL CORPORATE OFFICERS, INDICATING FUNERAL DIRECTOR LICENSE NUMBER, IF APPLICABLE, AND INDICATE IF THEY ARE MEMBERS OF THE BOARD OF DIRECTORS AND IF THEY HAVE ANY PROPRIETARY INTEREST OR OTHERWISE PARTICIPATE IN ANY OTHER FUNERAL ESTABLISHMENT (ATTACH 8½ x 11 PAPER WITH INFORMATION IF ADDITIONAL SPACE IS NEEDED):

NAME AND LICENSE NUMBER	MEMBER OF BOARD OF DIRECTORS?	NAME AND LICENSE NUMBER OF ALL OTHER FUNERAL ESTABLISHMENTS THIS PERSON HAS AN INTEREST OR PARTICIPATES.

SECTION 4:

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING THE SHAREHOLDERS AND THEIR RELATIONSHIP TO THE FUNERAL DIRECTOR OF THE RESTRICTED BUSINESS CORPORATION (ATTACH 8½ x 11 PAPER WITH INFORMATION IF ADDITIONAL SPACE IS NEEDED):

NAME	RELATIONSHIP	NUMBER OF SHARES	CLASS, IF ANY, OF SHARES

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. (ATTACH 8½ x 11 PAPER WITH INFORMATION IF ADDITIONAL SPACE IS NEEDED)

NAME	LICENSE NUMBER
, SUPERVISOR	

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:

PLEASE SUBMIT THE FOLLOWING:

	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 ENGAGES IN NO OTHER BUSINESS ACTIVITIY OTHER THAN THAT OF FUNERAL DIRECTING. SEE SECTION 8(b) OF THE FUNERAL DIRECTOR LAW.	
2	A COPY OF THE BOARD'S LETTER APPROVING THE NAME OF THE FUNERAL ESTABLISHMENT.	
3	PROPOSED FUNERAL ESTABLISHMENT LETTERHEAD. THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
4	PROPOSED STATEMENT OF GOODS AND SERVICES. THE NAME OF THE FUNERAL SUPERVISOR MUST BE IDENTIFIED. <i>EXAMPLE: JOHN DOE, SUPERVISOR</i>	
5	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"/>	
6	A NOTARIZED COPY OF YOUR WRITTEN REQUEST TO THE TELEPHONE COMPANY FOR YOUR NEW LISTING.	
7	APPLICATION FOR THE FUNERAL SUPERVISOR.	
8	WRITTEN AUTHORIZATION(S) FROM OTHER FUNERAL ENTITIES WHERE LICENSED	