



DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

APPLICATION FOR CENTRALIZED EMBALMING FACILITY
LICENSURE

Under Section 497.385, Florida Statutes.

NONREFUNDABLE REQUIRED FEES

<p>If applying in first year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an even year to Nov. 30 of odd year)</p>	<p>If applying in second year of biennial renewal cycle (i.e., if applying in the period Dec. 1 of an odd year to Nov. 30 of even year)</p>
<p>\$300 License fee \$450 Inspection fee (prelicense inspection and year 2 inspection) \$ 5 Unlicensed activity fee \$755 Total due with application</p>	<p>\$300 License fee \$225 Inspection fee (prelicense inspection) \$ 5 Unlicensed activity fee \$530 Total due with application</p>

This application form is for licensure of a centralized embalming facility. As used in this application: "Division" refers to the Division of Funeral, Cemetery, and Consumer Services; "Board" refers to the Board of Funeral, Cemetery, and Consumer Services; "F.S." refers to Florida Statutes; "Principal" includes any person involved in the business enterprise; "Deathcare industry license" refers to any licensure as an embalmer, funeral director, direct disposer, funeral establishment, direct disposal establishment, centralized embalming facility, cinerator facility, removal service, refrigeration service, cemetery, monument establishment, or preneed sales business.

Unless specifically indicated otherwise, all questions and requests for data in this application relate to the applicant.

Section 1. APPLICANT INFORMATION																																																													
<p>1A. Applicant name: _____</p>																																																													
<p>1B: Type of applicant: (check one)</p> <p><input type="checkbox"/> Natural person (sole proprietorship, not incorporated)</p> <p><input type="checkbox"/> Limited liability company (LLC)</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Partnership</p>																																																													
<p>1C. What type of application is this? Check applicable.</p> <p><input type="checkbox"/> 1. Application for licensure of a new centralized embalming facility</p> <p><input type="checkbox"/> 2. Application for approval of change in ownership of an existing centralized embalming facility</p> <p><input type="checkbox"/> 3. Application for approval of change in location of an existing centralized embalming facility</p> <p>If you checked box 2 or box 3. above, please enter the license number and name of the centralized embalming facility under its current owner:</p> <p>License #: _____ Name: _____</p>																																																													
<p><u>FOR OFFICE USE ONLY</u></p> <p><u>If applying in year one of biennium:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><u>BT</u></td> <td style="width: 10%;"><u>TYCL</u></td> <td style="width: 10%;"><u>FT</u></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>V</td> <td>3200</td> <td>L</td> <td>\$300</td> <td></td> <td></td> </tr> <tr> <td></td> <td>3200</td> <td>E</td> <td>\$450</td> <td>2 YR INSPECTIONS</td> <td></td> </tr> <tr> <td></td> <td>3800</td> <td>F</td> <td>\$ 5</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$755</td> <td></td> <td></td> </tr> </table>	<u>BT</u>	<u>TYCL</u>	<u>FT</u>				V	3200	L	\$300				3200	E	\$450	2 YR INSPECTIONS			3800	F	\$ 5						\$755			<p><u>If applying in year two of biennium:</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><u>BT</u></td> <td style="width: 10%;"><u>TYCL</u></td> <td style="width: 10%;"><u>FT</u></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>V</td> <td>3200</td> <td>L</td> <td>\$300</td> <td></td> <td></td> </tr> <tr> <td></td> <td>3200</td> <td>E</td> <td>\$225</td> <td>1 YR INSPECTIONS</td> <td></td> </tr> <tr> <td></td> <td>3800</td> <td>F</td> <td>\$ 5</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$530</td> <td></td> <td></td> </tr> </table>	<u>BT</u>	<u>TYCL</u>	<u>FT</u>				V	3200	L	\$300				3200	E	\$225	1 YR INSPECTIONS			3800	F	\$ 5						\$530		
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1D. Birth Date or Organized Date:

1. If the applicant is a natural person, state the applicant's date of birth: _____
2. If the applicant is an entity, state the date the applicant was organized (e.g., date articles of incorporation were filed): _____

1E. If the applicant is a corporation, LLC, or partnership, answer the following:

- (1) Under the laws of what state was the applicant organized? _____
- (2) In what state is the applicant currently domiciled? _____
- (3) Is the applicant currently shown as an entity in good standing on the Florida Secretary of State, Division of Corporations website: YES NO
- (4) Attach written documentary evidence that shows the applicant is an entity in good standing under the business organization laws of Florida. (e.g., a "Certificate of Status" issued by the Division of Corporations of the Florida Department of State, or equivalent certification) Attached Not attached
- (5) If the applicant is a corporation, limited liability company, or partnership, complete and attach to this application, the form [Business Entity – List of Principals](#). (see Section 497.141, F.S.)
 Attached Not attached

1F. Business Name:

If the license applied for is issued, will applicant do business under a name other than applicant's name as shown in this application? YES NO

If YES, state all names applicant will do business under that are different from applicant's name as shown in this application:

Section 2. CONTACT INFORMATION CONCERNING THIS APPLICATION

Enter the name and contact information of the person the Division should contact concerning this application.

Name:

Mailing address:

Phone number with area code:

Email address:

Section 3. APPLICANT'S PREFERRED MAILING ADDRESS

Enter applicant's preferred mailing address the Division should use for routine correspondence and notices.

Street or PO Box:

City:

State:

Zip Code:

Section 4. BUSINESS LOCATION ADDRESS

Enter the street address where operations will be conducted if the license is issued. NO post office boxes or non-street addresses are permitted in this section.

Street Address:

City:

County:

State:

Zip Code:

Phone number with area code:

Section 5. OTHER LICENSURE INFORMATION

Does the applicant or any of its principals now hold, or has the applicant or any of its principals in the past held, a deathcare industry license or registration in Florida or any other state or jurisdiction?

YES NO

If the answer to the question above is **YES**, complete and attach to this application the *Other Licenses Form* for each current or prior license.

Section 6. ADVERSE LICENSING HISTORY

(a) To the best of your knowledge, has the applicant or any of its principals ever had any deathcare industry license revoked, suspended, fined, reprimanded, or otherwise disciplined, by any regulatory authority in Florida or any other state or jurisdiction?

YES NO

(b) To the best of your knowledge, has the applicant or any of its principals ever had any application for a deathcare industry license denied for any reason by any regulatory authority in Florida or any other state or jurisdiction?

YES NO

(c) To the best of your knowledge, has the applicant or any of its principals ever voluntarily relinquished or surrendered a deathcare industry license while under investigation, or after initiation of a disciplinary proceeding against you or the licensee?

YES NO

(d) To the best of your knowledge, is the applicant or any of its principals under investigation by any regulatory or law enforcement authority in Florida or any other state or jurisdiction in regard to alleged misconduct or incompetency in the performance of work under a deathcare industry license?

YES NO

If the answer to any of the questions above is YES, complete and attach to this application, an Adverse Licensing Action History Form.

Section 7. CRIMINAL HISTORY

For this section, "person subject to disclosure requirements" refers to and includes the following persons:

1. If the applicant is a natural person, only the natural person making application.
2. If the applicant is a corporation, all principals of that corporation.
3. If the applicant is a limited liability company, all principals of the limited liability company.
4. If the applicant is a partnership, all principals of the partnership.
5. The licensed funeral director in charge.
(see Section 497.142, F.S.)

Has any person subject to disclosure requirements ever plead guilty, been convicted, or entered a plea in the nature of no contest, regardless of whether adjudication was entered or withheld by the court in which the case was prosecuted, in the courts of Florida or another state of the United States or a foreign country, regarding any crime indicated below:

a. Any felony no matter when committed?

YES **NO**

b. Any misdemeanor, no matter when committed, that was directly related to the practice or activities regulated under chapter 497, F.S.?

YES **NO**

c. Any other misdemeanor not already disclosed under question b. above, which was committed within the five (5) years immediately preceding the date this application is submitted?

YES **NO**

If the answer to any of the above questions is YES, complete and attach to this application, a ***Criminal History Form*** which must be filed by each person subject to disclosure requirements for whom the YES answer applies.

If YES was checked as to a, b, and/or c in section 7, list every person to whom any of the YES answers apply:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Section 8. PRIOR NAME INFORMATION

Has the applicant used or been known by any name other than the name under which you make this application?

YES **NO**

If you answered YES, enter in the space below every such prior name in full, and the period of time it was used (attach additional sheets if necessary):

1. _____
2. _____
3. _____
4. _____

Section 9. MISCELLANEOUS MATTERS

9A. Do you understand that the centralized embalming facility, if licensed, must at all times contain all of the equipment and meet all of the requirements that a preparation room located in a funeral establishment is required to contain and meet the requirements of Rule 69K-24.041, F.A.C.? **YES** **NO**

EMBALMER IN CHARGE

9B. Per Section 497.385, F.S., each licensed centralized embalming facility must have one full-time embalmer in charge (EIC). The EIC is responsible for ensuring the establishment, its operation, and all persons employed in the facility comply with all applicable state and federal laws and rules. The EIC may hold a funeral director and embalmer license and be the funeral director in charge at one other funeral establishment, centralized embalming facility, direct disposal establishment, or cinerator facility.

9B1. State the name of the proposed EIC: _____

9B2. License number of the proposed EIC: _____

9B3. If the person named in (6a) is an FDIC at another establishment or facility, provide the following:

Name of Establishment/Facility: _____

License Type: _____

License Number: _____

9C. Do you understand that embalming may only be performed at the centralized embalming facility by a Florida licensed embalmer?

YES **NO**

9D. Do you understand that embalming may only be provided to a funeral establishment?

YES **NO**

9E. Do you understand the centralized embalming facility must maintain a system for identifying human remains received for embalming?

YES **NO**

9F. Do you understand that a change in ownership or business location of the centralized embalming facility requires re-licensure?

YES **NO**

9G. Do you understand that all dead human body disinterments shall be reported monthly on the "Report of Cases Embalmed or Bodies Handled," as described in Rule 69K-20.001, F.A.C.?

YES **NO**

9H. Do you understand that after licensure, you have a continuing duty under Section 497.146, F.S., to notify the Division within 30 days of any change in your mailing address?

YES **NO**

To notify the Division of a change in mailing address, submit a [*Change of Mailing Address or Contact Data - Individuals, or a Change of Mailing Address or Contact Data - Entities.*](#)

9I. Do you understand that as part of this application, you must submit your fingerprints for a criminal background check?

YES **NO**

[*Instructions for Fingerprints*](#)

9J. Applicant may attach to this application additional pages to explain any answer herein, or provide additional information the applicant desires the Division and Board to consider regarding this application.

Are you attaching any such additional pages? YES NO If YES, how many pages: _____

Section 10. APPROVAL OF A CHANGE IN OWNERSHIP

Answer the following only if this is an application for approval of a change in ownership.

1. Is this service currently the qualifying entity, per Section 497.453, F.S., for any preneed licensee?

YES NO

If YES, state the name and license number of the preneed licensee:

Name: _____

License Number: _____

2. To the best of the knowledge and belief of the current owner and proposed new owner of this service, are there currently any unfulfilled preneed contracts held by this service, or are there any preneed contracts that are otherwise the obligations of this service? (check one) YES NO

3. If there are currently any unfulfilled preneed contracts held by this service or any preneed contracts that are otherwise the obligations of this service, will the obligation to fulfill those preneed contracts be assumed by the proposed new owner identified herein? (check one and include a signed and dated statement asserting the same)

YES NO

Section 11. MILITARY STATUS

Pursuant to Section 497.140, F.S., a member of the United States Armed Forces, such member's spouse, and a veteran of the United States Armed Forces who separated from service within two (2) years preceding the application for licensure, are exempt from the special unlicensed activity fee of \$5.00 associated with initial licensure.

Are you a member of the United States Armed Forces, such member's spouse, or a veteran of the United States Armed Forces who separated from service within the last two (2) years?

NO

YES

If yes, attach one of the following to this application:

Military identification card

Military dependent identification card

Military service record

Military personnel file

Veteran record

Discharge paper

Other separation document that indicates such member is currently in good standing or such veteran was honorably discharged

Section 12. FEIN OR SOCIAL SECURITY NUMBER

Enter Applicant's FEIN or Social Security Number: _____

Purpose and Use:

Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S. a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to 42 U.S.C. Section 405, 42 U.S.C. Section 666(a), and section 497.141, F.S. The purpose(s) for the requested information is that social security numbers collected will be used by the Department of Financial Services and the Board of Funeral, Cemetery and Consumer Services as follows: identification of applicants; obtaining background checks on applicants; obtaining information from authorities in other states; investigation of applicants and licensees concerning asserted violations of applicable law or rules; enforcement of child support obligations. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.

Section 13. APPLICANT'S CERTIFICATION & SIGNATURE

Per Section 497.141, F.S., all applications shall be signed by the applicant as follows:

1. If the applicant is a natural person, the application shall be signed by the applicant.
2. If the applicant is a corporation, the application shall be signed by the corporation's president.
3. If the applicant is a partnership, the application shall be signed by a partner, who shall provide proof satisfactory to the licensing authority of that partner's authority to sign on behalf of the partnership.
4. If the applicant is a limited liability company, the application shall be signed by a member of the company, who shall provide proof satisfactory to the licensing authority of that member's authority to sign on behalf of the company.

(13a) Applicant's Signature.

Under penalties of perjury, I, the applicant or applicant's authorized signatory, do hereby declare that I have read the foregoing application and all attachments, and the facts stated in it are true and correct.

I declare that, prior to commencing operations under this license, I have complied or I will comply with all requirements under chapter 497, F.S., relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Division of Funeral, Cemetery, and Consumer Services, Florida Department of Financial Services, and to the Florida Board of Funeral, Cemetery, and Consumer Services, any and all information in their files concerning the applicant.

Signature of Applicant

Date Signed

Name and Title

