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

Notice of Change in Location of Funeral Establishment

Under Section 497.380, F.S.

NONREFUNDABLE REQUIRED FEE: $250

This form is for reporting a change in location of a funeral establishment, and requesting an inspection of the proposed new location. This form is NOT used to report a change in ownership of a funeral establishment. This form must be filed **BEFORE** the new location is ready for inspection.

Operations at the new location shall NOT commence until an inspection of the new location by the Division of Funeral, Cemetery, and Consumer Services is conducted and passed.

1. Name of funeral establishment as shown on license:
2. License number of funeral establishment:
3. Current address of funeral establishment (street, city, state, zip):
4. Proposed new address (street, city, state, zip):
5. Date the new location will be ready for inspection:
6. Name of establishment representative:
7. Phone number of establishment representative:
8. Signature: I certify that the above information is true to the best of my belief. _____ _____ Signature of Funeral Establishment Representative Date Signed
Mail completed application with all attachments and required fees to: Division of Funeral, Cemetery, and Consumer Services Revenue Processing Office P.O. Box 6100 Tallahassee, FL 32314-6100

FOR OFFICE USE

ONLY BT	TYCL	
~~FT~~ 2600	E	$225
3801	F	$ 25