

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

(Office use only)

Application Fee \$ 50.00

Board ID# _____

Original Lic. Fee \$ 35.00

Date Issued _____

Annual Fee \$150.00

Inspection Fee \$250.00

Type A _____ B _____

TOTAL \$485.00

I hereby make application to the Arkansas Board of Embalmers & Funeral Directors for a license to operate a funeral establishment. I submit the following information.

Name of Establishment _____

Mailing Address _____
PO/Street City State Zip

Physical Address _____
Street City State Zip

City _____ County _____ State _____

Phone (____) _____ Fax (____) _____

E-mail address _____

Web Address _____

Establishment is owned by _____

Address _____
PO/Street City State Zip

The establishment is under the general supervision of _____
Board ID # _____ a duly license funeral director. Additional Funeral Directors employed at this establishment are:

Name Board ID # _____

Name Board ID # _____

Embalming **is/is not** _____ performed at this establishment. Embalming is under the direct supervision of _____ Board ID # _____ a duly licensed embalmer. Additional licensed embalmers employed at this establishment are:

Name Board ID # _____

Name Board ID # _____

This establishment **does/does not** _____ contain a preparation room and is equipped with sanitary floors, walls, and ceiling. The room also must have an adequate sanitary drainage, disposal facilities, including running water and complies with the sanitary standards prescribed by the Arkansas State Department of Health.

OVER

If Embalming is not performed at this Establishment, it will be done at _____

A licensed establishment operated by _____

_____ Address _____

No owner of this Establishment has been found in violation Section 11, of Act 325 of 1983, relating to unprofessional conduct.

It is understood that a license will not be granted until the Establishment has been inspected and approved.

I agree to equip, operate and maintain the same in all respects, as a Funeral Establishment, as required by law and rules of the Board of Embalmers and Funeral Directors and the State Department of Health.

Signed _____
Title _____

State of Arkansas
County of _____

Subscribed to and sworn before me this _____ day of _____
Year of _____.

NOTARY PUBLIC

My commission expires: _____ Year of _____

FOR OFFICE USE ONLY

I, _____, Board Inspector, hereby certify that I have inspected
_____ City _____ County _____
(Name of Establishment)

of the State of Arkansas, and find the following conditions:

Return to:
Arkansas State Board of Embalmers & Funeral Directors
101 E. Captiol, Suite 113, Little Rock, AR 72201

Signed _____
Date _____