

# APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

Application Fee	\$ 50.00	(Office Use Only) Board ID# _____
Original Lic. Fee	\$ 35.00	Date Issued _____
Annual Fee	<u>\$150.00</u>	
<b>TOTAL</b>	<b>\$235.00</b>	

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 \_\_\_\_\_

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  
\_\_\_\_\_  
(Name of Establishment) City \_\_\_\_\_ County \_\_\_\_\_

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 \_\_\_\_\_