

COVER LETTER FOR LICENSE APPLICATION FOR AN OKLAHOMA FUNERAL ESTABLISHMENT

Updated 02-10-2015

All applications or any item requiring Board action must be received and date stamped by the board staff NO LESS THAN fourteen calendar days prior to the next regularly scheduled Board meeting.

****Per 235:1-1-2 (c), any person submitting an application or other item requiring Board action received after the fourteen day deadline must make the request to be placed on the agenda in writing to the Board. The person submitting the application must personally appear at the Board meeting that is being held responsible for the request.**

Any application regarding the licensure of an existing establishment or for a new establishment must be submitted in sufficient time to allow for an inspection by an authorized agent of the State Board prior to the meeting on which the agenda item is listed. The Board will not review or consider any application until such time a completed inspection report is made available.

Please complete the application below and mail to the Oklahoma Funeral Board with the required documents listed. All applications received that do not contain the required documents, fee, and/or signatures will be rejected.

**Oklahoma Funeral Board
3700 N. Classen, Ste. 175
Oklahoma City, Oklahoma 73118
405.522.1790**



LICENSE APPLICATION FOR AN OKLAHOMA FUNERAL ESTABLISHMENT

Updated 0G-10-2011

This form **must** be typed.

I hereby make application to the Oklahoma Funeral Board for an Oklahoma Funeral Establishment License. I understand that it is the applicant's responsibility to ensure all questions are answered and all required documents are produced and that any incomplete applications will be denied.

DATE: _____

1. Proposed name of Funeral Home as it will appear on license:

2. Physical address: (NO P.O. Box) _____

City _____ **Zip Code** _____

3. Has the above physical address been previously licensed as a Funeral Establishment? _____

a. If yes, please list the names and owners for the past 60 months

b. If yes and the establishment still holds a valid license, the funeral home will need to send a letter to the funeral board on their letterhead stating their intent to close along with the sale date.

4. Mailing address: (if different) _____

City: _____

Zip Code: _____

5. Telephone Number: (_____) _____ - _____

6. Fax Number: (_____) _____ - _____

7. E- Mail address: _____

8. Please indicate the type of ownership: (check one)

____ sole owner, ____ a partnership, ____ a limited liability partnership,

____ a limited partnership,

____ a limited liability company, or a subsidiary of a corporation, a partnership,
a limited liability partnership, a limited partnership, or a limited liability
company

____ corporation chartered in the State of Oklahoma.

a. Please list the state and date of incorporation or formation:

b. Please list the name and address of the registered agent or agent
appointed to receive service of process:

Name: _____

Address: _____

c. Please attach a list of the name(s), address, and title of each officer,
director, general partner, or member on funeral home letterhead:

d. Please attach a copy of the certificate of incorporation, articles of
organization, or certificate or agreement of formation, and any other
document filed with the Oklahoma Secretary of State which allows
the entity to do business in Oklahoma.

e. Please attach a list of the name(s) and address of each person owning five (5) percent or more of the funeral service establishment corporation common stock, or of the equity capital or membership interest of a limited liability company, a partnership, a limited liability partnership, a limited partnership, or sole proprietorship on funeral home letter head.

f. Has the applicant, or any individual required to be disclosed on this application, ever been convicted of, or entered a plea of guilty or no contest, to a felony, or to a misdemeanor related to funeral services?: _____

If yes, please provide information on the following:
Felony or misdemeanor charged, date of conviction or plea, court having jurisdiction over the felony or misdemeanor, probation officer's name, address, and telephone number.

g. Has the applicant or any individual required to be disclosed on this application ever received any adverse ruling from any court of competent jurisdiction or any administrative tribunal involving honesty, fraud, misrepresentation, breach of fiduciary duty, gross, negligence, or incompetence reasonably related to funeral services?: _____

If yes, please including the case number and the court or administrative body in which it was filed.

h. Has the applicant or any individual required to be disclosed on this application ever had an application for a license, registration, certificate, or endorsement denied or rejected by any state licensing authority?: _____

If yes, please provide information on the following:

Reason for the suspension or revocation, date of the denial or rejection, and name and address of the state licensing authority that denied or rejected the application.

i. **Has the applicant or any individual required to be disclosed on this application ever had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority?: _____**

If yes, please provide information on the following:

Reason for the suspension or revocation, date of the suspension or revocation, and name and address of the state licensing authority that suspended or revoked the license.

j. **Has the applicant or any individual required to be disclosed on this application ever surrendered a license, registration, certificate, or endorsement to the Board or any state funeral licensing authority?: _____**

If yes, please provide information on the following:

Reason for surrendering the license, registration, certificate, or endorsement, date of surrendering, and name and address of the state licensing authority that you surrender to.

k. **Is the applicant or any individual required to be disclosed on this application in compliance with the Oklahoma Tax Commission?**

To verify, call the Oklahoma Tax Commission at 405-522-6800. If no, please provide summary on a separate document.

l. **Is the applicant or any individual required to be disclosed on this application in compliance with the child support statute provisions of 43 O.S. §139.1 et al? _____**

If no, please including the case number and the court or administrative body in which it was filed.

9. Occupancy Permit:

Attach a copy of the occupancy permit issued by the proper local government entity. The permit must be coded for Funeral Home use. If an occupancy permit is not required. attach a letter from the municipality or county official indicating that no such permit is required for the so named establishment.

- 10. **Attach a copy of your Federal Tax ID Number (if you don't have your number, attach a copy of your application showing you have applied for one)**

- 11. **Attach a copy of your Oklahoma Sales Tax Permit ID Number (if you don't have your number, attach a copy of your application showing you have applied for one)**

12. Please check the method of caskets you will be using:

Each funeral establishment shall maintain an inventory of not less than

_____ Five adult caskets

_____ Five quarter panels or end cut display units provided by a nationally recognized manufacturer at the location.

13. Proposed Funeral Director In Charge (name and license number)

14. Does this person serve as FDIC of any other facilities?: _____

If yes, please list names(s), license numbers(s), and location(s)

1. _____

2. _____

3. _____

***If requesting to serve as FDIC of more than one location, attach letter from FDIC requesting to serve as FDIC of multiple establishments**

15. Are all Funeral Director/Embalmer/Apprentice licenses that are employed at this location displayed for viewing?: _____

16. Is a copy of the current Rules of the Oklahoma Funeral Board available for public inspection?: _____

17. **Does this location have a preparation room?:** _____

If no, list exemption. Exemptions may be found in the Rules OAC 235:10-3-2(5)(B)

18. **Does the preparation room discharge waste into the municipal sanitary sewer system?:** _____

If no, attach a copy of the Industrial Permit from the Department of Environment Quality (Phone number 405-702-1000)

19. **Is the preparation room of sufficient size to accommodate an embalming table, necessary equipment, supplies, and working room?**

20. **Are the walls, floor, and ceiling constructed of such materials that they may be cleaned and disinfected?:** _____

21. **Does the preparation room have hot and cold running water and sink that drains freely?:** _____

22. **Is the preparation room heated and air-conditioned and ventilated proving five room air changes per hour?:** _____

23. **Attach copies of this location's General Price list, Casket Price List, and Outside Burial Container Price List (all price lists must be in compliance with the FTC)**

24. **I am requesting the Board to schedule an onsite inspection of the facility on or about (Please give an approximate date):**

25. **_____ I have attached the non- refundable fee of \$750.00**

OWNER

I hereby certify that the above information and attachments are true and correct. I understand that this application for a license does not authorize the operation of the facility until a license is issued by the Oklahoma Funeral Board.

Name of Owner, Partner, or Corporate Officer and title
authorized to make this application

DATE _____

Signature of Owner, Partner, or Corporate Officer and title
authorized to make this application

DATE _____

NOTARY PUBLIC:

Subscribed and Sworn to before me this _____ day of _____, 20_____

Signature: _____

SEAL

My Commission Expires: _____

My Commission Number: _____

FDIC

I hereby certify that the above information and attachments are true and correct. I understand that as the Funeral Director In Charge I assume full responsibility for the legal and ethical operation of the facility and I am held accountable to the Board for such actions.

Name of proposed FDIC

DATE _____

Signature of proposed FDIC

DATE _____

NOTARY PUBLIC:

Subscribed and Sworn to before me this _____ day of _____, 20_____

Signature _____

SEAL

My Commission Expires: _____

My Commission Number: _____

INTERNAL CHECK LIST FOR ESTABLISHMENT # _____

Application Number	Reviewed By	Comments
1.	_____	
2.	_____	
3.	_____	
3a.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	
8a.	_____	
8b.	_____	
8c.	_____	
8d.	_____	
8e.	_____	
8f.	_____	
8g.	_____	
8h.	_____	
8i.	_____	
8j.	_____	
8k.	_____	

Application Number	Reviewed By	Comments
8l.	_____	
9.	_____	
10.	_____	
11.	_____	
12.	_____	
13.	_____	
14.	_____	
15.	_____	
16.	_____	
17.	_____	
18.	_____	
19.	_____	
20.	_____	
21.	_____	
22.	_____	
23.	_____	
24.	_____	
25.	_____	

Approved by: _____

On _____, 20____ agenda

Approved by Board Member: _____