



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

501 Hammill Lane, Reno, Nevada 89511
 Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

Funeral Establishment Permit Application

Eligibility and Information

Any individual or entity wishing to obtain a funeral establishment permit in the State of Nevada must complete this application and submit all required documentation with a \$375.00 application fee. Once the Board receives all needed documentation, a background check will be completed for all relevant individuals and the application will be reviewed by the Board during a public meeting.

Required Documents

Completed Application: Applications are required to be completed in full. Incomplete applications will not be processed.

Criminal History Form: This document must be completed by anyone subject to disclosure requirements if there have been any criminal events to report since the last permit was issued. Form may be found on Board website or mailed upon request.

Business Entity: List of Principals: This form may be obtained from the Board website or mailed upon request.

Applicant's Request to Release Information: This document must be signed and notarized by each person subject to disclosure requirements (sole proprietor or all principals listed on above referenced form) in order for the Board to conduct a background investigation. This form may be obtained from the Board website or mailed upon request.

Nevada Business License: Applicants are required to comply with Nevada business licensing requirements, and must include a current copy of State of Nevada business license.

DBA - Fictitious Name Filing: Applicants are required to comply with NRS 602.010 and must submit a copy of their fictitious name filing.

Fee: A non-refundable check or money order made out to the "Nevada Funeral and Cemetery Services Board" in the amount of \$375 must be submitted with application.

Applicant Details

Name under which the establishment will conduct business :

Physical address of proposed establishment:

City:	State:	Zip Code:
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Phone number:	Fax number:	E-mail address:
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Owner of establishment:	Type of ownership:				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Sole proprietorship</td> <td style="width: 50%; text-align: center;">Corporation</td> </tr> <tr> <td style="text-align: center;">LLC</td> <td style="text-align: center;">Partnership</td> </tr> </table>	Sole proprietorship	Corporation	LLC	Partnership
Sole proprietorship	Corporation				
LLC	Partnership				

Name of funeral director who will manage this establishment:	FD License#:
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Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the permit is issued (e.g. renewal notices).

Street or P.O. Box:

City:

State:

Zip Code:

Applicant Information – Natural Person

Complete this section if applicant is a sole proprietor and not incorporated

Full Legal Name:

Mailing Address:

City:

State:

Zip Code:

Social Security #:

Sex:

Email Address:

Phone #:

Place of Birth:

Date of Birth:

Applicant Information – LLC, Corporation, or Partnership

Complete this section if applicant is a Limited Liability Company, Corporation, or Partnership

Under the laws of which state was the applicant organized?

In which state is the applicant currently domiciled?

Date applicant was organized (e.g. date articles of incorporation filed):

Have you attached the List of Principals?

Yes

No

Contact Information Concerning Application

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

Name:

Street or P.O. Box:

City:

State:

Zip Code:

Email Address:

Phone #:

Criminal History

For the purposes of these next sections, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons:

1. If the applicant is a natural person, only the natural person making the application
2. If the applicant is a corporation, all officers and directors of that corporation
3. If the applicant is a limited liability company, all managers and members of the limited liability company
4. If the applicant is a partnership, all partners

Has any person subject to disclosure requirements ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Excluding minor traffic violations.)

Yes

No

If yes is checked, a "Criminal History Form" must be completed by each person for whom this answer applies. This form may be found on the Board website or mailed upon request.

Legal Information (Include a separate written summary of any "Yes" answers)

Has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	Yes	No
Are there any pending legal actions, complaints, investigations or hearings concerning applicant in process?	Yes	No
Has any person subject to disclosure requirements had a professional license, certification or registration denied, restricted, suspended, or revoked?	Yes	No
Has any person subject to disclosure requirements voluntarily relinquished or surrendered any license while under investigation, or after initiation of a disciplinary proceeding?	Yes	No

General Questions

NRS 642.016 defines a funeral establishment as a place of business conducted at a specific street address or location devoted to the care and preparation for burial or transportation of dead human bodies, consisting of a preparation room equipped with a sanitary floor, necessary drainage and ventilation, containing necessary instruments and supplies for the preparation and embalming of dead human bodies for burial or transportation and having a display room containing an inventory of funeral caskets. Does this establishment meet this definition? <i>If no, you may not use this form and must contact the Board office for further instructions.</i>	Yes	No
Do you understand that pursuant to NRS 642.465, this permit, issued, must be conspicuously displayed in the establishment?	Yes	No
Do you understand that pursuant to NRS 642.110, 642.280, and 642.460 all funeral directors, embalmers and apprentice embalmers employed at the establishment must conspicuously display their license at the establishment?	Yes	No
Do you understand that pursuant to NRS 642.0696, the Board shall collect a \$10 regulatory fee for each written and signed agreement for funeral services in the State?	Yes	No
In accordance with NRS 642.435, do you understand that an inspection may be conducted prior to issuing and renewing a permit?	Yes	No

Other Licensure Information

Does the applicant now hold, or has the applicant ever in the past held a license, permit, or certificate in the State of Nevada or any other state or jurisdiction as a funeral establishment, funeral director, embalmer, direct cremation and immediate burial location, cemetery, or crematory?

Yes

No

If yes, please list all licenses below:

State/Jurisdiction	License Type	License #	Date of Issue

Nevada Business License Information – Attach copy of valid license

- I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
- I do NOT have a Nevada business license number and AM required to have one under the provisions of NRS Chapter 76.
- I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Name on State business license: _____ Business license #: _____

Declaration and Signature

All applications shall be signed by the applicant. Signatures shall be as follows:

- 1) If the applicant is a natural person, the application shall be signed by that person.
- 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 has 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 has authority to sign on behalf of the company.

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

I declare that I have authority to sign this application in accordance with the requirements stated.

I declare that I will comply with all requirements under Nevada Revised Statutes relating to the permit for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Nevada Funeral and Cemetery Services Board any and all information they may have concerning applicant.

Signature of Applicant

Date

Print Name

Title

SUBSCRIBED AND SWORN BEFORE ME

This _____ day of _____, in the year _____.

Notary Public

Seal

For Board Use Only:

Date Received: _____

Amount Paid: _____

Check Number: _____

Date Permit Issued: _____