



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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Business Entity – List of Principals

This form is used in conjunction with various application forms and must be completed if the applicant is a corporation, limited liability company or partnership.

Applicant Information

Name under which the location currently conducts business:

Owner:

Type of Ownership:

Corporation

Limited Liability Company (LLC)

Partnership

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

(1) Full Legal Name:

Title:

Mailing Address:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

Social Security Number:

Date of Birth:

This person is (check all that are applicable):

Corporate Officer

LLC Member

Partner

Corporate Director

LLC Manager

Stockholder controlling more than 10% of the voting stock

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal (1):

Date:

Business Entity – List of Principals

(2) Full Legal Name:		Title:	
Mailing Address:	City:	State:	Zip Code:
Phone Number:	E-mail Address:		
Social Security Number:		Date of Birth:	

This person is (check all that are applicable):

- Corporate Officer
 LLC Member
 Partner
 Corporate Director
 LLC Manager
 Stockholder controlling more than 10% of the voting stock

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

<input type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal (2):	Date:
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(3) Full Legal Name:		Title:	
Mailing Address:	City:	State:	Zip Code:
Phone Number:	E-mail Address:		
Social Security Number:		Date of Birth:	

This person is (check all that are applicable):

- Corporate Officer
 LLC Member
 Partner
 Corporate Director
 LLC Manager
 Stockholder controlling more than 10% of the voting stock

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

<input type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal (3):	Date:
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Business Entity – List of Principals

(4) Full Legal Name:		Title:	
Mailing Address:	City:	State:	Zip Code:
Phone Number:	E-mail Address:		
Social Security Number:		Date of Birth:	

This person is (check all that are applicable):

- Corporate Officer
 LLC Member
 Partner
 Corporate Director
 LLC Manager
 Stockholder controlling more than 10% of the voting stock

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

<input type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal (4):	Date:
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(5) Full Legal Name:		Title:	
Mailing Address:	City:	State:	Zip Code:
Phone Number:	E-mail Address:		
Social Security Number:		Date of Birth:	

This person is (check all that are applicable):

- Corporate Officer
 LLC Member
 Partner
 Corporate Director
 LLC Manager
 Stockholder controlling more than 10% of the voting stock

Child Support Information – Please Check ONE appropriate answer. An answer is mandatory.

<input type="checkbox"/>	I am not subject to a court order for the support of a child.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
<input type="checkbox"/>	I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal (5):	Date:
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