



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

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Phone (775) 825-5535 * Fax (775) 507-4102

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CEMETERY CERTIFICATE OF AUTHORITY RENEWAL APPLICATION

Information and Instructions

To renew your license, complete this renewal application form and submit it, along with any documents required in the form and the renewal fees, to the Board at the address provided above. Your renewal is due January 1, 2024.

Required Documents

- ☐ **Completed Application:** Applications must be completed in full. Incomplete applications will not be processed.
- ☐ **Criminal History Form/Legal History Form:** Use this form to report any criminal or legal events concerning any person subject to disclosure requirements since the last license was issued. This form is available on the Board's website or will be mailed upon request.
- ☐ **Fee:** A check or money order made payable to the "Nevada Funeral and Cemetery Services Board" in the amount of \$200 must be submitted with this renewal application. If paying by credit card, you must renew online.

Please note that renewal applications received after February 1st will be charged a late renewal fee of \$275. The late renewal fee will not be waived.

Current Location Details

Facility Name / DBA:		Certificate No.
Physical Address:		
City:	State:	Zip Code:
Phone Number:	Federal Tax ID #:	E-mail Address:

Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence.

Street or P.O. Box:		
City:	State:	Zip Code:

Nevada Business License Information – Please check ONE appropriate answer. **An Answer is mandatory.**

- ☐ Applicant does NOT have a Nevada business license number and IS NOT required to have one under the provisions of NRS Chapter 76.
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- ☐ Applicant has a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Cemetery Certificate of Authority Renewal Application

Legal Information

For the purposes of this next section, the phrase "person subject to disclosure requirements" refers to:

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 the 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.

Background Questions

Since the date the last permit was issued, has any person subject to disclosure requirements had any legal action taken against any professional license held in any state for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any pending legal actions, complaints, investigations or hearings concerning any person subject to disclosure requirements in process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since the date the last permit was issued, has any person subject to disclosure requirements had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Since the date the last permit was issued, has any person subject to disclosure requirements voluntarily relinquished or surrendered any license, permit or certificate while under investigation, or after initiation of a disciplinary proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If you answer "YES" to any of the above questions, a Legal Reporting Form must be completed. Form can be found on Board website or mailed upon request.)	
Since the date the last permit was issued, has any person subject to disclosure requirements 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.) If "yes" is checked, a "Criminal History Form" must be completed by each person for whom this answer applies. This Form is available on the Board's website or will be mailed upon request.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and 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.

Signature of Applicant

Date

Print Name

Title

For Board Use Only:

Date Received: _____	Amount Paid: _____	Ref. #: _____
Date Mailed: _____		