



STATE OF NEVADA  
**FUNERAL AND CEMETERY SERVICES BOARD**

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509

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

Email: [nvfuneralboard@fb.nv.gov](mailto:nvfuneralboard@fb.nv.gov) \* Website: <http://funeral.nv.gov/>

## Direct Cremation Facility Permit Application

### Eligibility and Information

Any individual or entity wishing to obtain a direct cremation facility 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 required 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 and must be signed.
- Criminal History Form:** This document must be completed by anyone subject to disclosure requirements if there are any criminal events to report. Form may be found on the Board website or mailed upon request.
- Business Entity: List of Principals:** This form must be completed for any corporations, LLC's or partnerships
- 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.
- Zoning:** A copy of the Zoning Permit issued by the City of County must be attached to this application.
- 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 payment in the amount of \$375 must be submitted at time of application. Acceptable forms of payment include, check, money order or credit card and payable to the "Nevada Funeral and Cemetery Services Board."

### Applicant Details

Name under which the location will conduct business:

Physical address of proposed location:

City:

State:

Zip Code:

Phone Number:

E-mail Address:

### Owner Information

Owner of Location:

Type of Ownership:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship             | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Partnership |

### Managing Funeral Director Information

Name of Funeral Director who will manage this location:

FD License #:

**Direct Cremation Facility Permit Application****Location Inspection**

Anticipated date location will be ready for inspection: \_\_\_\_\_

**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).*

Mailing Address: (All Board correspondence will be sent to this address.) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:

 Male FemaleCitizenship:  US Citizen  Authorized to Work in the US Place of Birth: \_\_\_\_\_

List all prior names used by applicant: \_\_\_\_\_

**Applicant Information – Limited Liability Company (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: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Direct Cremation Facility Permit Application**

**Legal Information and Criminal History**

For the purpose 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 had any legal action taken against any professional license held 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
Has any person subject to disclosure requirements ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Has any person subject to disclosure requirements ever relinquished responsibilities, resigned a position or been fired while a complaint was pending?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>(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.)</i>				
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? (Exclude minor traffic violations.) <i>(If you answer "YES" to this question, a Criminal History Form must be completed. Form can be found on Board website or mailed upon request.)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**General Questions**

Do you understand that pursuant to statute, any advertising, including, without limitation, signage, must specify that the facility is limited to providing direct cremation services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you understand that pursuant to statute, this permit, if issued, must be conspicuously displayed at the business location?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you understand that pursuant to statute, all funeral directors and funeral arrangers employed at the location must conspicuously display their license at the location?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you understand that pursuant to statute, the Board shall collect a \$10 regulatory fee for each written and signed agreement for funeral services in the State of Nevada?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you understand that pursuant to statute an inspection may be conducted prior to issuing and renewing a permit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Nevada Business License Information**

Name on State Business License:	Business License #:

**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, direct cremation facility, cemetery, or crematory?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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*If yes, please list all licenses below:*

State/Jurisdiction	License Type	License #	Date of Issue

Direct Cremation Facility Permit Application

**Certification 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 apply for a permit, under the laws and regulations governing funeral and cemetery services and certify that all statements and documents contained herein are true and correct to the best of my knowledge and belief and understand that if any responses on this application are false, fraudulent, misleading, inaccurate or incomplete, the application may be denied. Applicant further understands that if a permit is issued and it is later determined that false or misleading information was provided, the permit may be revoked.

I agree to allow the Nevada Funeral and Cemetery Services Board ("Board") to communicate with any person in connection with this application, and understand that any information submitted, including this application, may be deemed a public record with the exception of any information deemed confidential by statute or regulation.

I 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.

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

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

\_\_\_\_\_  
Signature of Applicant and/or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**For Board Use Only:**

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	

Direct Cremation Facility Permit Application

Credit Card Payment Information

Payment Method

Applicant Name: \_\_\_\_\_



Amount: \$ \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Month/Year \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City, State & Zip \_\_\_\_\_

Email for Receipt: \_\_\_\_\_

**Authorization**

Signature: \_\_\_\_\_

*By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.*



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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):

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Corporate Officer  | <input type="checkbox"/> LLC Member  | <input type="checkbox"/> Partner   |
| <input type="checkbox"/> Corporate Director | <input type="checkbox"/> LLC Manager | <input type="checkbox"/> 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):

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Corporate Officer  | <input type="checkbox"/> LLC Member  | <input type="checkbox"/> Partner   |
| <input type="checkbox"/> Corporate Director | <input type="checkbox"/> LLC Manager | <input type="checkbox"/> 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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