



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

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

Direct Cremation Permit Application

Eligibility and Information

Any individual or entity wishing to obtain a direct cremation 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 – Please check each box below to indicate you have compiled with requirements

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 location will conduct business :			
Physical address of proposed location:			
City:	State:	Zip Code:	
Phone number:	Fax number:	E-mail address:	
Owner:	Type of ownership:		
		Sole proprietorship	
	LLC		Partnership
Name of funeral director who will manage this location:			FD License#:

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:
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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:
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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:
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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

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?		Yes		No
Do you understand that pursuant to statute, this permit, issued, must be conspicuously displayed at the business location?		Yes		No
Do you understand that pursuant to statute, all funeral directors, embalmers and apprentice embalmers employed at the location must conspicuously display their license at the establishment?		Yes		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?		Yes		No
Do you understand that pursuant to statute 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 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.

Declaration and Signature

All applications shall be signed by the applicant. Signature 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: _____



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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 establishment 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:

Date of Birth:

Social Security #:

Title:

Street Address:

City:

State:

Zip:

Email Address:

Phone Number:

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

Please check ONE answer to the following questions:

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:

(2) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	

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 |

Please check ONE answer to the following questions:

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 (2):	Date:
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(3) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	

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 |

Please check ONE answer to the following questions:

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 (3):	Date:
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(4) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	

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 |

Please check ONE answer to the following questions:

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 (4):	Date:
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(5) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	

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 |

Please check ONE answer to the following questions:

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 (5):	Date:
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(6) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	

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 |

Please check ONE answer to the following questions:

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 (6):	Date:
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(7) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	

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 |

Please check ONE answer to the following questions:

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 (7):	Date:
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Applicant Request to Release Information

1. I, _____ hereby authorize and request all persons to whom this request is presented, having information relating to or concerning me, including a criminal background investigation if necessary, to furnish such information to any duly appointed agent of the Nevada Funeral and Cemetery Services Board whether or not such information would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented, having documents relating to or concerning me, to permit any duly appointed agent of the Nevada Board of Funeral and Cemetery Services to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory or common law privilege.
3. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from any and all manners of action, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented to his agents or employees arising out of or by reason of complying with this request.
4. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
5. A reproduction of this request shall be for all intents and purposes as valid as the original.

Signature of Applicant

Date

Print Name

SUBSCRIBED AND SWORN BEFORE ME

This _____ day of _____, in the year _____.

Notary Public

Seal



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CRIMINAL HISTORY FORM

Information

This form is used in conjunction with various license application forms to provide details concerning criminal history. This form must be completed if applicant for any license has a criminal history. Each "item" on this form should indicate a separate criminal prosecution in which you plead guilty, were found guilty, or plead nolo contendere (no contest). You will need to fill out a copy of this form for each prosecution (copy as needed).

Personal Information

Full legal name:

Date of birth:

Social Security #:

Item

Year charges were filed against you:

Court location:

Case number:

Crime charged:

Case outcome:

Pled guilty

Found Guilty

Pled no contest

Date on which you pled guilty or no contest or were found guilty:

Penalty Imposed:

Have all sanctions imposed been satisfied?

Yes

No

Do you have any other criminal record items to disclose?

Yes

No

If yes, each item requires another copy of this form.

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 contained herein.

 Signature of applicant

 Date