



**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/>

**Business Entity – List of Principals**

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

**Business Information**

Name under which the location will conduct business:

**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).*

<b>Full Legal Name:</b>		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  
  Corporate Director  
  LLC Member  
  LLC Manager  
  Partner  
  Stockholder controlling more than 10% of the voting stock

**Legal Information and Criminal History**

Has this principal 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 this principal in process?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this principal ever had a professional license, certification or registration denied, restricted, suspended, or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has this principal 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 this principal 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

**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.

<b>Signature of Principal:</b>		Date:	
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