

Arizona State Board of Funeral Directors and Embalmers

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

THIS APPLICATION IS MADE BY: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

NAME OF ESTABLISHMENT _____

PHYSICAL LOCATION _____

MAILING ADDRESS _____ ZIP _____

CONTACT PERSON _____ PHONE NUMBER _____

CORPORATIONS MUST ATTACH ARTICLES OF INCORPORATION TO THIS APPLICATION

NAME OF OWNER, PARTNERSHIP OR CORPORATION _____

ADDRESS OF PRINCIPAL OFFICE _____

Names and addresses of persons, partnerships, corporations or other entities owning ten percent or more of the establishment or corporation common stock. If the shareholder is a corporation, attach a copy of the Articles of Incorporation of that shareholder.

PREVIOUS OWNER: _____

PREVIOUS NAME OF ESTABLISHMENT: _____

PREVIOUS CORPORATION: _____

DATES OF OWNERSHIP: _____

CORPORATIONS COMPLETE THE FOLLOWING

State of Incorporation _____ Date of Incorporation _____

Name of Arizona Statutory Agent _____

Address of Statutory Agent _____

Names, addresses and titles of officers and directors of corporations:

THE RESPONSIBLE FUNERAL DIRECTOR OF THIS ESTABLISHMENT IS:

Name _____ License No. _____

Home address _____ Phone Number _____

_____ Zip Code _____

ASSUMPTION OF RESPONSIBILITY

I, _____ hereby affirm that I am duly licensed as a funeral director in the State of Arizona and reside therein. I am familiar with the laws of Arizona and the rules and regulations of the Arizona State Board of Funeral Directors and the Department of Health Services relating to funeral establishments. As responsible funeral director, I understand that I am responsible to the Arizona State Board of Funeral Directors for a licensed funeral establishment's compliance with the aforementioned laws and regulations and hereby accept responsibility for the establishment for which license is sought by this application that such establishment will be equipped, operated and maintained in accordance with the provisions of such laws and regulations.

Responsible Funeral Director

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____ being first duly sworn and upon my oath, depose and state:

I am the _____ of _____
(owner, partner, officer title) (establishment, partnership, corporation)

on behalf of which I make this affidavit being hereunto duly authorized. I or the organization herein named is the owner of the funeral establishment for which a license is sought by the foregoing application. I have read such application and know the contents thereof, and the matters and things therein stated are true and correct.

Signature of Applicant

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 19 _____.

Notary Public