

No.: _____ Issued _____

ARIZONA STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

THIS APPLICATION IS MADE BY: Proprietorship ___ PartnerShip ___ Corporation ___ LLC ___
Subsidiary Corporation ___

NAME OF ESTABLISHMENT _____

PHYSICAL LOCATION _____

MAILING ADDRESS _____ ZIP _____

CONTACT PERSON _____ PHONE _____ FAX _____

CORPORATIONS MUST ATTACH ARTICLES OF INCORPORATION TO THIS APPLICATION
NAME OF OWNER, PARTNERSHIP, CORPORATION, OR SUBSIDIARY 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

BACKGROUND REVIEW

- | | yes | no |
|--|-----|-----|
| 1. Have you ever been convicted of or entered into a plea of no contest to a class 1 or 2 felony? | ___ | ___ |
| 2. Have you within five years from the date of the application been convicted of or entered into a plea of no contest to a felony or to a misdemeanor that is reasonably related to the applicant's proposed area of licensure? including the following:

(1) Charged with a felony or misdemeanor;
(2) Date of conviction;
(3) Court having jurisdiction over the felony or misdemeanor;
(4) Probation Officer's name, address, and telephone number if applicable; and
(5) A copy of the notice of expungement if applicable; and
(6) A copy of the notice of restoration of civil rights, if applicable; | ___ | ___ |
| 3. Have you within five years from the date of the application, committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the applicant's proposed area of licensure? | ___ | ___ |
| 4. Are you currently incarcerated or on community supervision after a period of imprisonment in a local, state or federal penal institution or on criminal probation? | ___ | ___ |
| 5. Have you within five years from the date of the application had an application for a license, registration, certificate, or endorsement denied or rejected by any state funeral licensing authority? including the:

(1) Reason for the denial or rejection;
(2) Date of the denial or rejection, and
(3) Name and address of the agency that denied or rejected the application; | ___ | ___ |
| 6. Have you within five years from the date of the application, had a license, registration, certificate, or endorsement suspended or revoked by any state funeral licensing authority? including:

(1) Reason for the suspension or revocation;
(2) Date of the suspension or revocation;
(3) Name and address of the state licensing authority that suspended or revoked license | ___ | ___ |
| 7. Have you ever surrendered a license, registration, certificate, or endorsement to the board or any state funeral licensing authority? | ___ | ___ |

NOTE: In the event that the response to any of the questions above is "Yes," you must file an explanation and submit all court documents. Failure to properly answer these questions can result in Board disciplinary action, including revocation or Denial of license.

THE RESPONSIBLE FUNERAL DIRECTOR OF THIS ESTABLISHMENT IS:

Name _____ License No. _____

Home address _____ Phone Number _____

_____ Zip Code _____

ASSUMPTION OF RESPONSIBILITY AFFIDAVIT

I, _____ hereby affirm that I am duly licensed as a funeral director in the State of Arizona and reside therein. I am familiar with laws of Arizona and the rules and regulations of the Arizona State Board of Funeral Directors and the Department of Health Service relating to funeral establishments. As responsible funeral director, I understand that I am responsible to the Arizona State Board of Funeral Director 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 the application that such establishment will be equipped, operated and maintained in accordance with the provisions of such laws and regulations.

_____ Responsible Funeral Director

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 20 _____

_____ Notary Public

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, am the _____ of _____
Owner, partner, officer title Establishment

On behalf of which I make this affidavit being hereunto duly authorized I or the organization herein names 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 state are true and correct.

Duly acknowledged, subscribed and sworn to before me this _____ day of _____ 20 _____

ESTAB APPLIC 2013

_____ Notary Public