No.:_____Issued_____

ARIZONA STATE BOARD OF FUNERAL DIRECTORS AND EMBALMERS

APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT

THIS APPLICATION IS MADE BY: Proprietorship___PartnerShip___Corporation___ LLC___
Subsidary 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 SUBSIDARY CORPORATION

_____

ADDRESS OF PRINICIPAL 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 RESPONSIBILTY 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____

_____
Notary Public