

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Commercial Services  
Licensing Division  
MORTUARY SCIENCE  
P.O. Box 30018, Lansing, MI 48909  
517-373-8376; Fax: 517-373-2162  
www.michigan.gov/mortuaryscience

OFFICE USE ONLY	
Date Approved:	
License No.:	

## APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE & RELICENSURE - PARTNERSHIP/LIMITED PARTNERSHIP/LIMITED LIABILITY COMPANY/CORPORATION

AUTHORITY: P.A. 299 of 1980, as amended  
COMPLETION: Mandatory  
PENALTY: Failure to complete may result in denial of your application

**Any changes in ownership or location cancels the previous license. A new application must be filed and license issued before operating.**

Check Type of Ownership	Reason for Application
(Sole Proprietor Ownership use form BCS/LMS-021) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Ownership Change <input type="checkbox"/> Reinstatement <input type="checkbox"/> New Business <input type="checkbox"/> Relocation <input type="checkbox"/> Relicensure

ESTABLISHMENT INFORMATION (Ownership Information on Page 2)			
Business name under which the establishment will operate (Assumed Name/DBA - if applicable)			E-mail Address
Name of Establishment Owner(s) - (Partnership, Limited Partnership, LLC, Corp)			License Number(s) - if applicable 45-01- 45-01-
Complete Establishment Address (Number & Street)	Business Telephone (      )		Federal I.D. Number
City	State <b>MI</b>	ZIP	County
If previously licensed, print establishment name	Previous License Number <b>45-02-</b>	Date that establishment will be ready for inspection	

MANAGER INFORMATION			
Manager's Name	Date of Birth	Social Security Number	License Number <b>45-01-</b>
Address (Number and Street)		City	
State	ZIP	Daytime Telephone Number (      )	E-mail Address

FEE PAYMENT INFORMATION (Check One)	FOR OFFICE USE ONLY - VALIDATION
<b>Between July 4 of <u>EVEN</u> year through July 3 of <u>ODD</u> year:</b> <input type="checkbox"/> Funeral Establishment License              \$170.00              (45-02-01) (New Business/Ownership Change/Relocation) <input type="checkbox"/> Relicensure of Funeral Establishment              \$190.00              (45-02-06) (Any licensee who failed to renew no later than the 60 day late renewal period must apply for relicensure)	
<b>Between July 4 of <u>ODD</u> year through July 3 of <u>EVEN</u> year:</b> <input type="checkbox"/> Funeral Establishment License              \$225.00              (45-02-01) (New Business/Ownership Change/Relocation) <input type="checkbox"/> Relicensure of Funeral Establishment              \$245.00              (45-02-06) (Any licensee who failed to renew no later than the 60 day late renewal period must apply for relicensure)	
----- <input type="checkbox"/> Reinstatement of Funeral Establishment License              \$115.00              (45-02-50) (after license revocation)	
<b>\$115.00 OF ABOVE FEES IS NON-REFUNDABLE</b>	
Make your check or money order in U.S. Currency payable to: <p style="text-align: center;"><b>STATE OF MICHIGAN</b></p>	
FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979, AS AMENDED AND R338.943 AND R338.944.	

**(Sole Proprietor ownership applicants use form BCS/LMS-021)**

<input type="checkbox"/> <b>PARTNERSHIP</b> OR <input type="checkbox"/> <b>LIMITED PARTNERSHIP</b>		
Name of Partner:		Address (Number, Street, City, ZIP)
Date of Birth	Social Security Number	Mortuary Science License Number 45-01-
Name of Partner:		Address (Number, Street, City, ZIP)
Date of Birth	Social Security Number	Mortuary Science License Number 45-01-

**Please check one box below:**

Corporation - Enter Michigan ID Number Assigned by State of Michigan Corporation Division: \_\_\_\_\_

1. Complete the information below concerning corporation's officers of the establishment applicant.
2. Foreign Corporations must submit a copy of the filed Articles of Organization for the corporation obtained through the Corporation Division, Department of Licensing and Regulatory Affairs. ([www.michigan.gov/corporations](http://www.michigan.gov/corporations))
3. Foreign Corporations must also submit a copy of the filed Certificate of Authority to Conduct Business in Michigan.
4. If the funeral establishment will be conducting business in a name other than the corporation name, attach a copy of the filed Certificate of Assumed Name (out-of-state only). This is obtained through the Corporation Division, Department of Licensing and Regulatory Affairs.

Limited Liability Company (LLC) - Enter Michigan ID Number Assigned by State of Michigan Corporation Division: \_\_\_\_\_

1. Out-of-state LLC must submit a copy of the filed Articles of Organization for the LLC obtained through the Corporation Division, Department of Licensing and Regulatory Affairs. ([www.mi.gov/corporations](http://www.mi.gov/corporations))
2. If the funeral establishment will be conducting business in a name other than the LLC name, attach a copy of the filed Certificate of Assumed Name (out-of-state only). This is obtained through the Corporation Division, Department of Licensing and Regulatory Affairs.

**LICENSEES WHO ARE ASSOCIATED WITH FUNERAL ESTABLISHMENT:**

<b>CORPORATE OFFICER Information. Use additional sheets, if necessary.</b>		
Name (Last, First, Middle)	Office Held <b>PRESIDENT</b>	Mortuary Science License Number 45-01-
Address (Number, Street, City, ZIP)	Date of Birth	Social Security Number
Name (Last, First, Middle)	Office Held <b>TREASURER</b>	Mortuary Science License Number 45-01-
Address (Number, Street, City, ZIP)	Date of Birth	Social Security Number
Name (Last, First, Middle)	Office Held <b>SECRETARY</b>	Mortuary Science License Number 45-01-
Address (Number, Street, City, ZIP)	Date of Birth	Social Security Number

