

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 SOLE PROPRIETOR FUNERAL ESTABLISHMENT LICENSE AND RELICENSURE

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.**

## REASON FOR APPLICATION

Ownership Change       Relocation       New Business       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)- (Last, First, Middle)			Business Telephone Number (      )
Complete Establishment Address (Number & Street)			Federal I.D. Number
City	State <b>MI</b>	ZIP	County
If previously licensed, print establishment name		Previous License Number <b>45-</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 & Street)			City	
State	ZIP	Daytime Telephone Number (      )	E-mail Address	

## FEE PAYMENT INFORMATION (Check One)

## FOR OFFICE USE ONLY - VALIDATION

**Between July 4 of EVEN year through July 3 of ODD year:**

Funeral Establishment License      \$170.00      (45-02-01)  
 (New Business/Ownership Change/Relocation)

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)

**Between July 4 of ODD year through July 3 of EVEN year:**

Funeral Establishment License      \$225.00      (45-02-01)  
 (New Business/Ownership Change/Relocation)

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)

Reinstatement of Funeral Establishment License      \$115.00      (45-02-50)  
 (after license revocation)

**\$115.00 OF ABOVE FEES IS NON-REFUNDABLE**

Make your check or money order in U.S. Currency payable to:

**STATE OF MICHIGAN**

FEES ARE NOT REFUNDED EXCEPT UNDER AUTHORITY P.A. 152 OF 1979,  
 AS AMENDED AND R338.943 AND R338.944.

Name (Sole Proprietor Applicant)	Date of Birth	Social Security Number	License Number <b>45-01-</b>
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**CHECK "YES" OR "NO" TO THE FOLLOWING QUESTIONS**

Is the manager employed full time by this establishment or branch? (sole employment)

No  Yes

Does any person manage, or have interest in any cemetery in Michigan including a crematory (direct or indirect)?

No  Yes

Are you applying for a Prepaid Funeral Contract Registration?

No  Yes

Does the applicant have a current Prepaid Funeral Contract Registration?

No  Yes - Registration #3401- \_\_\_\_\_

Has the applicant assumed contracts from another seller/provider?

No  Yes - Must submit Assignee/Assignor Notification forms located at [www.michigan.gov/prepaidfuneral](http://www.michigan.gov/prepaidfuneral)

Has the applicant or manager ever been convicted of a felony?

No  Yes - Please download the form BCS/LCE-020 "Request for Conviction History of Applicant." The form can be downloaded and completed to accompany this application. See [www.michigan.gov/mortuaryscience](http://www.michigan.gov/mortuaryscience) and select Forms & Publications. The form must be included to avoid delays in processing your application.

Has the applicant or manager ever had disciplinary action taken against any license, registration, certificate or permit now held or has ever been held? (Includes but is not limited to final orders, suspensions, revocations, denial, cease and desist order, etc.)

No  Yes - Please download the form BCS/LCE-021 "Request for Disciplinary Action Information". The form can be downloaded and completed to accompany this application. See [www.michigan.gov/mortuaryscience](http://www.michigan.gov/mortuaryscience) and select Forms & Publications. The form must be included to avoid delays in processing your application.

**CERTIFICATION**

I hereby certify that the statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of my application or disciplinary action against my license, may be punishable by law. I hereby authorize the Michigan Department of Licensing and Regulatory Affairs and its agents to investigate any statements made by me in this application, including checking criminal, civil, and administrative records.

\_\_\_\_\_  
Signature of Sole Proprietor Applicant

Manager's Signature (Required)	Date of Signature
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**NOTE:**  
It is the applicant's responsibility to be aware of and comply with all regulations pertinent to the application process, licensure and practice.  
Allow approximately 4 weeks for processing of a properly submitted application.  
All requirements for licensure must be completed within 1 year of filing this application.  
Keep a completed copy of the application for your records.