



STATE OF MISSISSIPPI
 MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
 3010 LAKELAND COVE, SUITE W
 FLOWOOD, MS 39232
 Office: (601) 932-1973 FAX: (601) 932-1901
 msbfs.ms.gov

\$300 Renewal Fee; \$75 Inspection Fee Total: \$375
\$300 Late Fee after December 31, 2014; \$300 Reinstatement Fee after December 31, 2014
Total Fee after December 31, 2014 \$975

2014-2016 APPLICATION FOR ESTABLISHMENT LICENSE RENEWAL (Please Print or Type)

Legal Name of Establishment _____

 (STREET ADDRESS) (P.O. BOX) (COUNTY)

 (CITY) (STATE) (ZIP) ()
 (PHONE NUMBER)

() () _____
 (FAX NUMBER) (EMERGENCY NUMBER) (EMAIL ADDRESS)

Type of Ownership: Sole Ownership Partnership Corporation Other _____
 (Circle One)

Name of Owner: _____

Type of Establishment: Main Establishment Branch Establishment Mortuary Service Crematory
 (Circle One)

IF INDIVIDUAL PROPRIETOR OR PARTNERSHIP, give name and address of each owner:

 (NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

 (NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

 (NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

IF CORPORATION or L.L.C, give corporate name and list officers: _____
Officers: (Corporate Name)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

(NAME) (ADDRESS) (CITY) (STATE) (ZIP) (PHONE)

Licensee in Charge: _____ License#: FD _____ FS _____

NAMES AND NUMBERS OF LICENSED PERSONNEL:

A. Funeral Service: _____

B. Funeral Directors: _____

C. Trade Embalmers: _____

I certify that I have complied with the requirements of the Mississippi State Board of Funeral Service and the Law, Rules, and Regulations of the Board as to the requirements for an establishment license.

Signature of Licensee in Charge & License Number

I certify that I have complied with the requirements of the Mississippi State Board of Funeral Service and the Law, Rules, and Regulations of the Board as to the requirements for an establishment license.

Signature of Owner

Date _____, 20_____

County _____

_____ the above named person, personally known to me, signed this application in my presence and being duly sworn, he/she states that he/she has read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

(Notary)

My commission expires: _____