

Please type or print in black ink.

Application Fee	\$500.00
Inspection Fee	\$ 75.00
Work Permit	\$150.00
Call office for prorated license fee	

FUNERAL ESTABLISHMENT LICENSE APPLICATION

**MISSISSIPPI STATE BOARD OF FUNERAL SERVICE
3010 Lakeland Cove Suite W
Flowood, Mississippi 39232
601-932-1973**

Date: _____ **Funeral Establishment License Number** _____ (office use only)

Funeral Establishment	Branch Establishment	Commercial Mortuary Service
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Legal Name of Establishment: _____

If Branch, list the Main Establishment _____

(Branch must have same owners as the Main Establishment owners)

Business Number: (____) _____ **FAX Number:** (____) _____

Emergency Number:(____) _____ **E-Mail Address:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Licensee In Charge: _____ **License No.:** _____

Last	Middle	First
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ESTABLISHMENT DESCRIPTION

Does the embalming room have hot and cold running water? Yes ____ No ____
What type of floor is in the Preparation Room: Concrete ____ Tile ____ Other ____ Describe if other: _____

What type of materials are the walls: _____

Type of Ventilation: _____

Current embalming log? Yes ____ No ____

Selection room with a minimum of six (6) caskets _____ or twenty-four (24) quarter caskets _____

Chapel Yes ____ No ____

Type of Ventilation _____

Attach a copy of the General Price List, Casket Price List, and Outer Burial Price List.

Type of Ownership: Individual Partnership Corporation

A. If individual, Name of Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

B. If partnership, list name, address and license number of partners, and their interest in the partnership:

NAME	ADDRESS	LICENSE NO.	INTEREST
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Corporation: _____

Date Corporation filed with Secretary of State's Office: _____

Location of the registered office: _____

List members of cooperation, address, and their interest in the corporation:

NAME	ADDRESS	INTEREST
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registered Agent: _____

Name	Address	Phone
The officers and directors of this corporation are:		
NAME	ADDRESS	OFFICE HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAMES OF LICENSED PERSONNEL

List the establishment's funeral directors and funeral service licenses and resident trainees.

NAME	LICENSE NO.	FULL-TIME	PART-TIME
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As the Licensee in Charge, I assume full responsibility for the legal and ethical operation of this facility. _____

Signed (Licensee in Charge)