

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Licensing Division
P.O. Box 30670 Lansing, MI 48909
(517) 241-9288
www.michigan.gov/mortuaryscience

FOR OFFICE USE ONLY

Approved By:

Date Approved:

License Number

**APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE,
RELICENSURE AND CHANGE OF NAME AND/OR MANAGER**

AUTHORITY: 1980 PA 299, MCL 338.3434(A), AND 42 USC 654

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION
AND/OR DISCIPLINARY ACTION.

Establishment Name		Permanent ID # (if applicable)	
Establishment Address	City	State MI	Zip Code
Telephone Number	E-mail Address		
Name of Establishment Owner(s)			
Manager's Name		License Number	
FEE PAYMENT INFORMATION (Check One Box)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION	
Between July 4 of <u>EVEN</u> year through July 3 of <u>ODD</u> year: <input type="checkbox"/> Funeral Establishment License \$170.00 4502-01 (New Business/Ownership Change/Relocation) <input type="checkbox"/> Relicensure of Funeral Establishment \$190.00 4502-06 (Any licensee who failed to renew no later than the 60 day late renewal period must apply for relicensure) Between July 4 of <u>ODD</u> year through July 3 of <u>EVEN</u> year: <input type="checkbox"/> Funeral Establishment License \$225.00 4502-01 (New Business/Ownership Change/Relocation) <input type="checkbox"/> Relicensure of Funeral Establishment \$245.00 4502-06 (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 \$115.00 4502-50 License (only if license is revoked) <input type="checkbox"/> Change of Manager \$ 10.00 4502-32 <input type="checkbox"/> Change of Name \$ 10.00 4502-33 <input type="checkbox"/> Change of Name and Manager \$ 10.00 4502-32			
Make your check or money order in U.S. Currency payable to: STATE OF MICHIGAN			
FEES ARE AUTHORIZED BY THE STATE LICENSE FEE ACT, 1979 PA 152, AND ARE NOT REFUNDABLE.			

Will you be applying for or do you hold a current Prepaid Funeral Contract Registration or do you have a contract with another party that is registered as a Prepaid Funeral Contract seller/provider? *(If yes, complete and submit page 3 of this application.)*

☐ Yes ☐ No

If this is a change of ownership, have you assumed the obligations of any unperformed prepaid contracts in which the former establishment was designated as the provider under section 11(1) of 1986 PA 255 or do you certify that the unperformed prepaid contracts have been assigned to another funeral establishment or to a person that has a contract with a funeral establishment that has agreed to act as a provider? *(If yes, complete and submit page 3 of this application.)*

☐ Yes ☐ No ☐ N/A - Not a change of ownership

Required Additional Documents

- 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.

Certification

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Signature

Date

☐ Assignor

☐ Assignee

ASSIGNOR/ASSIGNEE NOTIFICATION -

PREPAID CONTRACT SELLER/PROVIDER ASSIGNMENT NOTIFICATION FORM

(Complete and submit if applying for a new funeral establishment license where prepaid contracts are being assumed)

<u>Both</u> assignee and assignor notification forms must be submitted with <u>original</u> signatures or the transfer process will not be considered complete.			
Business Name (Assumed Name/DBA - if applicable)			
Name of Owner		Check One <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	
Mailing Address (Number and Street)	City	State	ZIP
Address where books are kept (Number and Street)	City	State	ZIP
E-Mail Address		Daytime Telephone Number	
Name of Registrant assigning the contracts		Registration Number 3401-	
Effective Date of Assignment	Number of Contracts to be Assigned	Dollar Amount of Contracts to be Assigned \$	
Name of escrow agent that previously held funds		Name of escrow agent that will be used when receiving funds	
Name of Registrant assuming contracts		Registration Number of Registrant Assuming Contracts 3401-	
Were notifications sent to the contract holders as required by Section 9, 13(6) and R339.35? <input type="checkbox"/> Yes: Attach a copy of the notification letter <input type="checkbox"/> No: Explain:			
CERTIFICATION			
I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my certificate, disciplinary action, or may be punishable by law.			
Sole Proprietorship {		_____ Signature Date Signed	
Corporation, LLC, PLLC, Partnership, LLP (appropriate business officials who are authorized to sign for entity) }		_____ Officer, Managing Member, Partner Title Date Signed	
		_____ Officer, Managing Member, Partner Title Date Signed	