

FOR OFFICE USE ONLY
Approved By:
Date Approved:
License Number

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

Authority: 1980 PA 299  
 Penalty: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

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

Do you hold a current Prepaid Funeral Contract Registration? (if yes, registration # _____)		
Yes	No	N/A - Not submitting a new application or change of ownership
Will you be applying for a Prepaid Funeral Contract Registration?		
Yes	No	N/A - Not submitting a new application or change of ownership
Do you have a contract with another party that is registered as a Prepaid Funeral Contract seller/provider? <i>(if yes, complete and submit page 3 of this application.)</i>		
Yes	No	N/A - Not submitting a new application or change of ownership
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? <i>(If yes, complete and submit page 3 of this application.)</i>		
Yes	No	N/A - Not a change of ownership
Do you have a current Medical Waste Producing Facility Registration? <i>(if yes, registration # _____)</i>		
Yes	No	
Does the manager reside within 1 hour's normal commuting time from the funeral establishment?		
Yes	No	
Required Additional Documents		
<ul style="list-style-type: none"> <li>● 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.</li> </ul>		
<b>Certification</b>		
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 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 (First, Middle, Last)	Check One Sole Proprietor	Partnership	Limited Partnership
			LLC 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 1986 PA 255, Sections 9 and 13(6), and R 339.35?			
Yes: Attach a copy of the notification letter			
No: Explain:			
<b>CERTIFICATION</b>			
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