



## APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE, RELICENSURE, OR REINSTATEMENT

Authority: 1980 PA 299

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

Funeral Establishment Name (Name under which business will be conducted)			License Number (If Applicable)	
Establishment Address	City	State	Zip Code	
Telephone Number	E-mail Address			
Name of Manager			License Number of Manager	
Does the manager reside within 75 miles from the funeral establishment?		Yes	No	
Ownership Type - check box and complete page 2 of this application				
Private Corporation	Public Corporation	Limited Liability Company	Sole Proprietorship	Partnership
Limited Partnership	Limited Liability Partnership	Limited Liability Limited Partnership	Trust	
Name of Owner (Sole Proprietor or Entity Name)				
<b>FEE PAYMENT INFORMATION</b>			<b>FOR OFFICE USE ONLY</b>	
<b>Between July 4 of <u>EVEN</u> year through July 3 of <u>ODD</u> year:</b>			License Number	
Funeral Establishment License (New Business/Ownership Change/Relocation)	\$170.00	4502-01	Approved By	
Relicensure of Funeral Establishment (Any licensee who failed to renew no later than the 60 day late renewal period must apply for relicensure)	\$190.00	4502-06	Date Approved	
<b>Between July 4 of <u>ODD</u> year through July 3 of <u>EVEN</u> year:</b>				
Funeral Establishment License (New Business/Ownership Change/Relocation)	\$225.00	4502-01		
Relicensure of Funeral Establishment (Any licensee who failed to renew no later than the 60 day late renewal period must apply for relicensure)	\$245.00	4502-06		
<b>Reinstatement</b> (Only if license is currently suspended or revoked)				
Funeral Establishment License	\$115.00	4502-50		
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.				

Provide the following as applicable to this application. Attach additional sheets as necessary.

**PRIVATE CORPORATION** - List the names and addresses of all shareholders, officers, and directors.

**PUBLIC CORPORATION** - List the names and addresses of the officers and directors and all shareholders holding a direct or indirect interest of greater than 5%.

**LIMITED LIABILITY COMPANY** - List the names and addresses of all members and managers.

**PARTNERSHIP** - List the names and addresses of all partners.

**LIMITED PARTNERSHIP** - List the names and addresses of all partners, both general and limited.

**LIMITED LIABILITY PARTNERSHIP** - List the names and addresses of all partners.

**LIMITED LIABILITY LIMITED PARTNERSHIP** - List the names and addresses of all partners, both general and limited.

**TRUST** - List the names and addresses of beneficiaries.

Name		Address			
Last	First	Street Address	City	State	Zip Code

Do you hold a current Prepaid Contract Registration? Yes, registration # \_\_\_\_\_ No

Will you be applying for a Prepaid Contract Registration? Yes No

Do you have a contract with another party that is registered as a Prepaid Contract seller? Yes, complete and submit page 3 of this application. No

If this is a change of ownership, have you assumed the obligations of any unperformed prepaid contracts in which the former funeral establishment was designated as the provider under section 11(1) of the Prepaid Funeral and Cemetery Sales Act, MCL 328.221(1), or do you certify that the unperformed prepaid contracts were assigned to another funeral establishment or to a person that has a contract with a funeral establishment that agreed to honor the terms of each prepaid contract? Yes, complete and submit page 3 of this application. No  
Not a change of ownership.

Do you have a current Medical Waste Producing Facility Registration? Yes, registration # \_\_\_\_\_ No

**Required Additional Documents**

- If the funeral establishment will be conducting business in a name other than its owner's name, attach a copy of the filed Certificate of Assumed Name.
- If you are applying to be a manager of two funeral establishments, you must submit a Waiver Request with this application.

**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)*

Both assignee and assignor notification forms must be submitted with original signatures or the transfer process will not be considered complete.

Business Name (Assumed Name/DBA - if applicable)		
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Name of Owner (First, Middle, Last)	Check One <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation
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Mailing Address (Number and Street)	City	State	ZIP
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Address where Books are Kept (Number and Street)	City	State	ZIP
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E-Mail Address	Daytime Telephone Number
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Name of Registrant Assigning the Contracts	Registration Number 3401-
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Effective Date of Assignment	Number of Contracts to be Assigned	Dollar Amount of Contracts to be Assigned \$
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Name of Escrow Agent that Previously Held Funds	Name of Escrow Agent that will be used when Receiving Funds
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Name of Registrant Assuming Contracts	Registration Number of Registrant Assuming Contracts 3401-
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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:

**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