Letter of Instructions for a New Funeral Facility, Additional Facility Location, Change of Facility Name or Change of Facility Manager

WhenSubmitting an application to the Board’s Office for a new funeral facility, additional facility location, change of facility name or change of facility manager, the requirements are as follows:

1. Complete the Board application form items 1 through 19.

2. Attach a personal check, certified check or postal money order in the amount of:

   $200 application fee for a new facility, additional facility location, or change or ownership.

3. Manager must appear before the Board for a new facility, additional facility, ownership change or location change. Proof of residency required (Must include copies of driver’s license and manager’s property tax notice or residential rental contract).

4. If incorporated, manager must be an officer of the corporation and must provide proof with application. (Articles of incorporation or minutes showing position and authority). If not incorporated, must submit proof of ownership.

5. If new facility, please include recent county zoning application and approval notice.

6. The facility name or name change must not include a name of any unlicensed person(s).

7. Along with the application, applicants must submit a state-wide criminal history conviction record from the State Law Enforcement Division (SLED) (or equivalent agency located in the applicant’s resident state. (www.sled.sc.gov.)

8. The completed application packet must be in our office no later than 10 business days prior to the Board meeting date if you wish to be on the Board meeting agenda.

Mail the required materials to: S. C. Dept. of Labor, Licensing and Regulation
Board of Funeral Service
P. O. Box 11329
Columbia, SC 29211-1329

For additional assistance or clarification, contact the Board’s Office at (803) 896-4497 or Fax (803) 896-4554.

All applications will be returned if not properly completed or fees not enclosed.
FUNERAL FACILITY/FACILITY MANAGER APPLICATION

FEES REQUIRED: $200 New Facility, $200 Additional Location. Submit a check or money order payable to the SC Board of Funeral Service. All application fees are Non-Refundable.

The undersigned applicant hereby applies to the South Carolina Department of Labor, Licensing and Regulation, Board of Funeral Service for a funeral director, embalmer, funeral director/embalmer, apprentice funeral director, or apprentice embalmer license under the provisions of Title 40, S. C. Code, 1976 (as amended) and the Rules and Regulations of the Board and in support of said application makes the representations contained herein with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny a license or to withhold renewal of or suspend or revoke a license if issued by the Board. The undersigned applicant understands the Board may make such inquiry and investigation concerning the applicant’s record or background as the Board in its judgment deems proper, and said applicant further agrees to furnish any additional information requested by the Board to appear before the Board in person if requested to do so.

Type or Print in Ink

1. Indicate one of the following: ☐ Change of Ownership/New Facility ☐ Additional Facility Location
   ☐ Change of Facility Name/Location ☐ Change of Facility Manager

2. This facility will be a
   Funeral Home ☐ Branch ☐ Crematory ☐ Chapel ☐
   If a branch or affiliated crematory, give name and permit License number of parent firm: ____________________________
   Name: ____________________________ Permit # __________________

3. Proposed Facility Name: __________________________________________
   Is business incorporated? Yes ☐ No ☐ If yes, list corporation name: ____________________________
   If yes, attach articles of incorporation. If yes and change of manager, attach Corporate Resolution papers.
   Name of former facility: __________________________________________

4. Physical Location Address of Facility: ____________________________ City: ________________ (can not be a PO Box)
   State: ________________ Zip Code: ________________ E-Mail Address: ____________________________
5. Mailing Address of Facility: _____________________________________________________________
   City: ___________________________  State: ___________________  Zip Code: ____________________

6. Proposed Manager of Facility: _______________________________________________________
   (First)   (Middle)   (Last)   (License #, circle license Type)

   Date Manager’s License issued _____/_____/________

   Funeral Director  Embalmer  Dual License

7. General hours of operation: __________________________________________________________

8. Manager’s Residence Address: _______________________________________________________
   State: ___________________  Zip Code: ___________________  Home Phone: ___________________

9. Name of Current or Previous Manager: ________________________________________________

10. How far is the proposed manager’s residence from the establishment? ________________ miles.
    (a manager residence form must be attached.)

11. Manager’s Mailing Address: _________________________________________________________
   City: ___________________________  State: ___________________  Zip Code: _________________

12. Date of Birth: ___________________________  Social Security Number: ___________________

13. List all places of employment during past five years (for Manager) list present employment first. (Attach sheet if needed.)

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<thead>
<tr>
<th>Name of Company</th>
<th>St., P.O. Box, or Rt.</th>
<th>City</th>
<th>State, Zip</th>
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<tbody>
<tr>
<td>Position</td>
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14. List all funeral directors who will be employed at the location. ____________________________

   Embalmer for Facility: _________________________________________________________________
   (First)   (Middle)   (Last)   (Embalmer Lic. #)
15. Have you ever had any funeral service or embalmer license denied, suspended, revoked, surrendered or have you ever been disciplined by the licensing authorities in this or any other state or jurisdiction? ________ (If yes, attach a separate statement giving details.)

16. Have you ever had any other business or professional license of any type suspended, revoked or surrendered in this or any other state or jurisdiction? __________ (If yes, attach a separate statement giving details.)

17. Have you ever been convicted of or pled guilty to or nolo contendere to a felony or a crime involving drugs or moral turpitude? ______________ (If yes, attach a separate statement giving details.)

18. Have you read and understand the South Carolina Funeral Service Law and the Rules and Regulations of the Board? [ ] Yes  [ ] No

All information in this document is a public record subject to disclosure pursuant to the S.C. Freedom of Information Act, except items designated with this symbol. (*)

This affidavit to be executed by manager and owner(s) before a notary public:

The undersigned, in making this application to the South Carolina Board of Funeral Service swears (or affirms) that he (or she) is the applicant named herein and that the answers and the information contained herein are true to the best of his (or her) knowledge and belief.

_____________________________ ______________________________
Proposed Manager’s Signature Print Name of Proposed Manager

The above proposed manager has been selected to be in responsible charge of the establishment and will be legally and ethically responsible for all action taken at the establishment.

_____________________________ ______________________________
Signature of Owner of the Facility Print Name of Owner of the Facility

_____________________________ ______________________________
Signature of Owner of the Facility Print Name of Owner of the Facility

_____________________________
Print Name of Parent Company

_____________________________
Signature

_____________________________
Print Name & Title or Position

Sworn and subscribed to before me this __________ day of ___________________________ 20______

_____________________________
Notary Public

My Commission Expires: _______________________

(SEAL)
State of South Carolina

County of ________________________________

I, _____________________________________ certify that I have been licensed as a Funeral Director in South Carolina for __________ year(s) and live __________ miles from the Funeral Home where I am applying to become the manager.

(Proposed Managers must be a resident of South Carolina and licensed Funeral Director in South Carolina for a minimum of one (1) year prior to being a manager and must continue to be a South Carolina resident for the duration of the management position).

_________________________________________________________
Proposed Manager’s Signature

_________________________________________________________
Address (no P O Boxes)

_________________________________________________________
City    State   Zip

Sworn to and Subscribed before me this _______ day of ___________________ 20 _____.

_________________________________________________________
Commission Expires

_________________________________________________________
Notary Public
Annual Facility Manager and Embalmer Verification Report

This report serves as the official verification of the Funeral Home Manager of record and the Embalmer of record for the funeral home identified below. Managers (only) must include copies of his/her driver’s license and property tax notice. If you do not own a home, provide a copy of the rental agreement. Provide a current map (like Google Maps, MapQuest, Yahoo Maps, etc.) indicating the mileage between your residence and the facility.

MANAGER of FACILITY:

I, ________________________________________, a licensed Funeral Director/Embalmer and Manager, License Number ____________, of ______________________________________________, Funeral Home License Number ____________, hereby certify that I am a full-time employee of the above Funeral Home and that I am the person responsible for all activities at this facility in the Practice of Funeral Service as defined in Chapter 19 (18) of the SC Funeral Service Statutes and Regulations.

EMBALMER:

I, ________________________________________, a licensed Embalmer, License Number ____________, and employee or contractor of _____________________________________ Funeral Home, hereby certify that I am the primary embalmer of the above facility, License Number ___________ and that I am the person primarily responsible for all activities involving embalming and other preparation of human remains as defined in Practice of Funeral Service in Chapter 19 (8) and (9) of the SC Funeral Service Statutes and Regulations.

______________________________________ ___________________________________________
Signature of Facility Manager Print Name of Facility Manager and License #

______________________________________ ___________________________________________
Signature of Primary Embalmer Print Name of Primary Embalmer and License #