



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Funeral Service
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4497 • Contact.Funeral@llr.sc.gov • Fax: 803-896-4554
llr.sc.gov/fs

APPLICATION FOR AMENDMENT TO FUNERAL FACILITY PERMIT

Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, certificate of existence, proof of ownership, etc.

Submit the following with your application:

- Check or money order in the amount of \$200 made payable to LLR-Board of Funeral Service (Fees are non-refundable and non-transferrable). A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. NO CASH IS ACCEPTED.
- [Certificate of Existence](#)
- Facility Manager Form and applicable documents (if applicable)
- Proof of Ownership (if applicable)
- Favorable audit letter from [Department of Consumer Affairs](#) dated within 6 months of application (if applicable)

Amendment Type (check one):

- ☐ Change of Location ☐ Change of Contact Information ☐ Change of Name
☐ Change of Ownership ☐ Change of Facility Manager

FACILITY INFORMATION (Must complete)

Current Registered Facility Name: _____ Permit No.: _____

Current Tax ID No.: _____ Date of Last Inspection: _____

Current Registered Physical Address: _____

Current Registered Mailing Address: _____

Parent Facility and Permit Number (Branch application only): _____

Facility Phone: _____ Facility Email: _____

Is the facility current selling Preneed Funeral Contracts? ☐ Yes* ☐ No

***If yes**, a current copy of a favorable audit letter from the SC Department of Consumer Affairs must be submitted with the application.

Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

CHANGE OF LOCATION

New Physical Address: _____ City: _____ State: _____ Zip: _____
(Cannot be a PO Box)

New Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

New Facility Phone: _____ Facility Email: _____

Has this facility been inspected by the Board? ☐ Yes* ☐ No

***If yes**, what is the date of the last inspection: _____

CHANGE OF NAME

For all change of name amendments, the following must be submitted with the application:

- Updated [Certificate of Existence](#), reflecting the new name
- Proof of Ownership, reflecting the new name
- Audit letter from Consumer Affairs, reflecting the new name

Proposed Facility Name: _____

CHANGE OF OWNERSHIP

For all change of ownership amendments, the following must be submitted with the application:

- Certificate of Existence
- Proof of Ownership
- Bill of Sale
- Audit letter from Consumer Affairs

Current Registered Owner Name: _____

New Owner Name: _____

Company Type (check one):

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

Company Tax ID No.: _____

Current Registered Facility Manager: _____ License No.: _____

Will the current Facility Manager remain following acquisition? ☐ Yes ☐ No*

***If no**, the **Change of Facility Manager** section of this application must be filled out and a completed Funeral Manager Form and applicable documents must be submitted with this application.

CHANGE OF FACILITY MANAGER

For all change of manager amendments, a completed Funeral Manager Form must be submitted with this application. All applicable documents must accompany the form.

Current Registered Facility Manager: _____ License No.: _____

Proposed Facility Manager: _____ License No.: _____

1. Is or will the above listed manager a full-time, regular employee (minimum of 35 hours per week for the entire normal year of operation) of the company? ☐ Yes ☐ No
2. Does or will the facility manager have responsibly of and binding authority from the owner for the day-to-day management of the facility? ☐ Yes ☐ No

FACILITY EMPLOYEES (Must complete)

List all SC Funeral Service Board licensed individuals who will be employed at the location. Attach additional sheets if needed.

Name	License Number	Position (Director, embalmer, apprentice, crematory operator, etc.)

ATTESTATION

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided or in connection with this application may be investigated and verified, and false or incorrect information provided by me may result in the cancellation of any permit and/or license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

I hereby represent and warrant to the Board that this facility will, at all times, comply with the South Carolina Funeral Services Laws and Regulations.

Signature of Owner/Company Representative

Date

Print Name of Owner/Company Representative

Title or Position

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



FUNERAL MANAGER FORM

This form must be submitted in conjunction with an initial or amended Funeral Facility applications. This form will not be processed until the aforementioned application is received.

Facility Manager Requirements:

A licensee is qualified to be designated as the Funeral Facility Manager when the following requirement are met:

1. Must be licensed with the SC Board of Funeral Services for at least one year;
2. Is a regular, full-time employee of the business who is responsible for the day-to-day management of the facility including compliance with all funeral service laws; and
3. Lives within 75 miles of the facility

Submit the following with this form:

- **Proof of Residency:** Document must list applicant name and prove residency within 75 miles of Funeral Facility. Submit one of the following: property tax bill for the permanent residence, current mortgage statement, copy of rental lease listing all occupants, real estate closing documents, etc.).

LICENSEE INFORMATION

Name: _____ License No.: _____

Date of License Issuance: _____ (Verify with [Licensee Lookup](#))

Home Address: _____ City: _____ State: _____ Zip: _____
(Cannot be a PO Box)

Phone: _____ Email: _____

FACILITY

Name of Facility: _____ Permit No. (if applicable): _____

Facility Type (Check one): ☐ Funeral Home ☐ Crematory

Physical Address: _____ City: _____ State: _____ Zip: _____
(Cannot be a PO Box)

EMPLOYMENT

For any answers of “No”, a written explanation must be included.

1. Are you currently or upon facility opening will you be a regular employee (minimum of 35 hours per week for the entire normal year of operation) of the company? ☐ Yes ☐ No
2. Are you currently or upon facility opening will you have responsibly of and binding authority from the owner for the day-to-day management of the facility? ☐ Yes ☐ No

ATTESTATION

I certify that I have been licensed as a Funeral Director in South Carolina for more than one year and live within seventy-five miles of the Funeral Facility with which I am or to become the manager. If approved, I intend continue to live within seventy-five miles of the facility and maintain regular, full-time employment with the company. If any changes occur to my place of residence or employment, I will notify the Board immediately.

I certify that all statements contained herein are true and correct to the best of my knowledge. I further understand that the information provided or in connection with this application may be investigated and verified, and false or incorrect information provided by me may result in the cancellation of any permit and/or license issued pursuant to this application as well as the filing of appropriate civil and criminal proceedings.

I hereby represent and warrant to the Board that I will, at all times, comply with the South Carolina Funeral Services Laws and Regulations.

Signature of Licensee

Date

PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

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