



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

When Submitting 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 of 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.



No. _____

For Board Use Only	
\$200	New Facility or Ownership Changes
\$200	Additional Location or Ownership Changes
	Change of Manager, Name, or Location of Facility
License Issued	

Fees are based on two (2) year Licensing

Tax ID # _____

cannot process without tax ID #

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:

<input type="checkbox"/> Change of Ownership/New Facility	<input type="checkbox"/> Additional Facility Location
<input type="checkbox"/> Change of Facility Name/Location	<input type="checkbox"/> 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: _____

Business Phone: __ (____) _____ Business Fax: __ (____) _____

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.)

1.	Name of Company	St., P.O. Box, or Rt.	City	State, Zip
	Position	Duties	From Mo./Yr.	To Mo./Yr.
2.	Name of Company	St., P.O. Box, or Rt.	City	State, Zip
	Position	Duties	From Mo./Yr.	To Mo./Yr.
	Name of Company	St., P.O. Box, or Rt.	City	State, Zip
3.	Position	Duties	From Mo./Yr.	To Mo./Yr.

14. List all funeral directors who will be employed at the location. _____

Embalmer for Facility: _____
(First) (Middle) (Last) (Embalmer Lic. #)

MANAGER INFORMATION

- 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)



Statement of Licensure and Residency

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 Statues 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 Statues and Regulations.

Signature of Facility Manager

Print Name of Facility Manager and License #

Signature of Primary Embalmer

Print Name of Primary Embalmer and License #