



FUNERAL ESTABLISHMENT PERMIT REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

Before calling in to the Board Office – You may check your application status online at: <https://llr.sc.gov/fs/>

PERMIT REQUIREMENTS

Businesses are qualified to receive a **Funeral Home** permit when the following requirements are met:

1. Completed an application and payment of application fees to the Board.
2. Submit proof of a facility manager who:
 - Is a SC Licensed Funeral Director for no less than one year;
 - Is a regular, full-time employee, minimum of 35 hours per week for the entire normal year of operation, of the business who is responsible for the day-to-day management of the facility including compliance with all funeral service laws; and
 - Lives within 75 miles of the facility.
3. Submit proof of ownership based upon company type:
 - Sole proprietor – owner must be a SC licensed Funeral Director.
 - Partnership – one partner must be a SC licensed Funeral Director or employment of a full-time facility manager.
 - Corporation – at least one officer of the corporation must be a SC licensed Funeral Director or employment of a full-time facility manager.
4. Submit a [Certificate of Existence from the SC Secretary of State](#) dated within six months of the application date.
5. Successfully passes a Board Inspection.

Businesses are qualified to receive an **Additional Facility** permit when the following requirements are met:

1. Completed an application and payment of application fees to the Board.
2. Submit proof of a facility manager who:
 - Is a SC Licensed Funeral Director for no less than one year;
 - Is a regular, full-time employee, minimum of 35 hours per week for the entire normal year of operation, of the business who is responsible for the day-to-day management of the facility including compliance with all funeral service laws; and
 - Lives within 75 miles of the facility.
3. Submit proof of ownership based upon company type:
 - Sole proprietor – owner must be a SC licensed Funeral Director.
 - Partnership – one partner must be a SC licensed Funeral Director or employment of a full-time facility manager.
 - Corporation – at least one officer of the corporation must be a SC licensed Funeral Director or employment of a full-time facility manager.
4. Submit a [Certificate of Existence from the SC Secretary of State](#) dated within six months of the application date.
5. Successfully passes a Board Inspection.

Businesses are qualified to receive a **Crematory** permit when the following requirements are met:

1. Completed an application and payment of application fees to the Board.
2. Submit proof of a facility manager who:
 - Is a SC Licensed Funeral Director for no less than one year;
 - Is a regular, full-time employee, minimum of 35 hours per week for the entire normal year of operation, of the business who is responsible for the day-to-day management of the facility including compliance with all funeral service laws; and
 - Lives within 75 miles of the facility.
3. Submit proof of ownership based upon company type:
 - Sole proprietor – owner must be a SC licensed Funeral Director.
 - Partnership – one partner must be a SC licensed Funeral Director or employment of a full-time facility manager.
 - Corporation – at least one officer of the corporation must be a SC licensed Funeral Director or employment of a full-time facility manager.
4. Submit a [Certificate of Existence from the SC Secretary of State](#) dated within six months of the application date.
5. Submit proof of an employee who completed manufacturer training
6. Successfully passes a Board Inspection.

Businesses are qualified to receive a **Retail Sales Outlet** permit when the following requirements are met:

1. Completed an application and payment of application fees to the Board.
2. Submit a [Certificate of Existence from the SC Secretary of State](#) dated within six months of the application date.
3. Successfully passes a Board Inspection.

APPLICATION PROCESS OVERVIEW

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 resubmit the application. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

1. **Application** – In addition to a completed application, the following must also be sent:
 - Application Fee: Checks or money order in the amount of \$260 should be made out to SC Board of Funeral Service. (Fees are non-refundable and non-transferable) A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.
 - Facility Manager Form: A completed and notarized form must be included with the application. All applicable documents must accompany the form.
 - Proof of Ownership: Copy of the business partnership agreements, corporate resolutions, articles of incorporation, or any other such document showing compliance to ownership requirements listed above.
 - Certificate of Existence: (aka Certificate of Good Standing) Issued by the SC Secretary of State and can be electronically requested at <https://businessfilings.sc.gov/BusinessFiling/Entity/Search>. Certificates must be dated within 6 months immediately preceding the application date.
 - County zoning application and approval notice.
 - Evidence the facility meets State and local building and fire codes: Examples include but not limited to Certificate of Occupancy or business license.

2. **Review and Board Appearance** – Following the receipt of a complete application, it will be reviewed. Board staff may email with additional questions or request additional documentation.

Applications meeting requirements will be approved and forwarded to Inspections.

Applications not meeting the statutory and regulatory requirements will be submitted to a designated Board reviewer. This may result in an appearance before the full Board to address any questions or concerns the Board may have. Additional information will be sent at that time.

3. **Inspection** – Following application approval, notice will be sent to the Inspections team. An inspector will reach out via phone and email to schedule an inspection. A copy of the Inspection Checklist can be found on the Board website at <https://llr.sc.gov/fs/pub.aspx>.
4. **Permitting** – Following passage of inspection, the Inspector will submit the report and the Board office will send confirmation of permit via email. Permits will be mailed following email confirmation. The Board cannot accept a copy of your inspection report as proof of passage; it must come directly from the inspector. Please allow 48 hours (2 business days) for processing.



APPLICATION FOR NEW 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 \$260 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.
- [Facility Manager Form](#) and applicable documents (not required for Retail Sales Outlet applicants)
- Proof of Ownership (not required for Retail Sales Outlet applicants)
- [Certificate of Existence](#)
- Certificate of training from manufacturer (required for Crematory applicants)
- County zoning application and approval notice, if applicable
- Proof of meeting State and local building and fire codes, if applicable

Facility Type (check one):

☐ Funeral Home ☐ Branch ☐ Crematory ☐ Retail Sales Outlet

I. FACILITY INFORMATION

Facility Name: _____

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

Company Type (check one):

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

Company Tax ID No.: _____

Owner Name: _____

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

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

Facility Phone: _____ Facility Email: _____

Hours of Operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

II. FACILITY EMPLOYEES

Facility Manager Name: _____ License No.: _____

1. Is or will the above listed manager be 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

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.)

III. 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

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.



FACILITY 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.).

I. 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: _____

II. 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)

III. 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.

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.