



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

**MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS**

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 - 4792

**APPLICATION FOR INITIAL FUNERAL ESTABLISHMENT LICENSE**

*(Requirements per COMAR 10.29.03)*

Included	Required Documents
<input type="checkbox"/>	Notarized Supervising Mortician Agreement form
<input type="checkbox"/>	Current Worker’s Compensation insurance policy, if applicable
<input type="checkbox"/>	IRS EIN letter
<input type="checkbox"/>	Use and Occupancy permit
<input type="checkbox"/>	Hazardous waste certification form or agreement contract, if applicable
<input type="checkbox"/>	Cremation identification form
<input type="checkbox"/>	Disposition of cremation remains notification
<input type="checkbox"/>	Contract form: <input type="checkbox"/> At-Need (Statement of Goods and Services) <input type="checkbox"/> Preneed
<input type="checkbox"/>	Price list: <input type="checkbox"/> Casket <input type="checkbox"/> General (GPL) <input type="checkbox"/> Outer Burial Container
<input type="checkbox"/>	Authorization form: <input type="checkbox"/> Body release/removal <input type="checkbox"/> Cremation <input type="checkbox"/> Embalming
<input type="checkbox"/>	BOMFD inspection report <b>(Successfully Passed)</b>

In addition to the original, notarized application, non-refundable \$700.00 application fee, and non-refundable \$375 Family Security Trust fee, the above documents are required and must be received THREE (3) weeks in advance of the scheduled Board meeting for consideration.



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*(Requirements per COMAR 10.29.03)*

**Please print clearly.** All sections must be completed. Please submit a complete application with supporting documentation (see checklist) **at least 60 days** prior to opening. The non-refundable renewal fee is \$700 and is made payable to the Maryland Board of Morticians and Funeral Directors. The non-refundable Family Security Trust Fund fee is \$375 and is made payable to the Family Security Trust Fund in a separate check or money order.

**TYPE OF LICENSE REQUESTED** (check one):  Full Service  Restricted

**SECTION I - GENERAL INFORMATION**

Establishment Name: \_\_\_\_\_

Trade Name (if applicable): \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Employer Identification No.: \_\_\_\_\_

Supervising Mortician Name: \_\_\_\_\_ License No. **M**: \_\_\_\_\_

The Health Occupations Article, §1-202, requires that you verify that you are complying with the Workmen Compensation Law. I hereby certify that (check one):

\_\_\_\_\_ I am exempt because I do not employ anyone in my establishment.

\_\_\_\_\_ I employ one or more persons in my establishment and have the following coverage:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION II - LOCATION OPERATING OUT OF (Restricted ONLY)**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Establishment License No. E: \_\_\_\_\_

**SECTION III - ESTABLISHMENT DESCRIPTION**

**A. Scope of Service:** Check all that apply.

- Arrangements     Cremation     Embalming     Services     Transportation  
 Viewings     Other: \_\_\_\_\_

**B. Proposed opening date** (60 days prior to opening): \_\_\_\_\_

**C. Building Owner(s):** List all owners.

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

**D. Business Structure Ownership:** (List all names of individuals or entities which have, directly or indirectly, **at least 10% ownership interest** in the establishment)

Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**E. Proprietorship:** List all owners.     N/A

Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**F. Partnership:** List all partners; **Attach** additional pages if necessary.     N/A

Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**G. Professional Association:** (List all names of each member of the Professional Association. The Corporations and Associations Article Annotated Code Maryland, 5-117 (a) requires that all of the officers of a professional corporation, except the secretary and treasurer, must be licensees.

**Attach** additional pages if necessary)     N/A

Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_

**H. Corporation:** (List all names of the Officers. The Corporations and Associations Article Annotated Code Maryland, 5-117 (a) requires that all of the officers of a professional corporation, except the secretary and treasurer, must be licensees. **Attach** additional pages if necessary) N/A

Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name and Title: \_\_\_\_\_ License No.: \_\_\_\_\_

**I. Licensees:** (List all individuals licensed by the Board of Morticians and Funeral Directors who are either associated with, employed by, or supervised in your establishment; **Attach** additional sheets if necessary) N/A

Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**J. Other Establishments:** (List all funeral service businesses and restricted funeral establishments operating out of this Funeral Home) N/A

Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Name: \_\_\_\_\_ License No.: \_\_\_\_\_

#### Notice for Mailing List

The information collected on this application form is for the purposes of the Maryland Board of Morticians and Funeral Directors' functions under Maryland Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Maryland State Government Code Annotated §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

#### Notice

Maryland and Federal laws require that the Maryland Board of Morticians and Funeral Directors obtain the social security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law Article § 10-119.3).
- Identification by the Maryland Department of Assessments and Taxation of new businesses in the State (Md. Code Annotated, Health Occupations § 1-210).
- Comply with federal law which authorizes state governments to use or disclose Social Security numbers in connection with tax matters, including compliance with the payment of taxes (42 U.S.C.A. § 405(c)(2)(C)(i)).

The Board may permit inspection of this information only in accordance with State and federal law.

**VERIFIED APPLICATION UNDER PENALTIES OF PERJURY**

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. If a funeral establishment license is granted, I solemnly swear that the establishment operated under this license will be operated strictly in compliance with all laws, rules, and regulations of the State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

There is a \$150 fee for an establishment name change per COMAR 10.29.04.02AA. In accordance with COMAR 10.29.04.02BB, there is a \$50 fee for failure to comply with an inspection for the first offense and a \$100 fee under COMAR 10.29.04.02CC for failure to comply with future inspections.

In accordance with the Health Occupation Article, Title 7, §7-310(b)(2), "An application for a funeral establishment license shall be signed by a licensed individual who is not an apprentice but is the owner or co-owner of the establishment to be licensed."

\_\_\_\_\_  
**Owner or Co-Owner Signature**

\_\_\_\_\_  
**Date**

**STATE:** \_\_\_\_\_

**CITY/COUNTY:** \_\_\_\_\_

I **HEREBY CERTIFY** that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a Notary Public of the State and City/County aforesaid, personally appeared \_\_\_\_\_ and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary act and deed of \_\_\_\_\_.

**Applicant**

**Applicant**

**AS WITNESSETH** my hand and Notarial Seal.

**SEAL**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_