



State of Nevada
FUNERAL AND CEMETERY SERVICES BOARD

501 Hammill Lane, Reno, Nevada 89511
Phone (775) 825-5535 * Email nvfuneralboard@fb.nv.gov

Crematory License Renewal Application

Eligibility and Information

Any individual or entity wishing to renew a crematory license in the State of Nevada must complete this application and submit to the Board with required documents and fees by January 1st.

Required Documents

Completed Application: Applications are required to be completed in full. Incomplete applications will not be processed.

Criminal History Form: This document must be completed by anyone subject to disclosure requirements if there have been any criminal events to report since the last license was issued. Form may be found on Board website or mailed upon request.

Business Entity-List of Principals: This form may be obtained from the Board website or mailed upon request.

Nevada Business License: Applicants are required to comply with Nevada business licensing requirements, and must include a current copy of State of Nevada business license.

Fee: A non-refundable check or money order made out to the "Nevada Funeral and Cemetery Services Board" in the amount of \$200 must be submitted with renewal application.

Please note that renewal applications received after February 1st will be assessed an additional \$275 late fee for a total renewal amount of \$475 and in no case shall the late renewal fee be waived.

Current Crematory Details

Name under which the crematory currently conducts business :		License #:
Physical address of crematory:		
City:	State:	Zip Code:
Phone number:	Fax number:	E-mail address:
Owner:	Type of ownership: Sole proprietorship Corporation LLC Partnership	
Date which crematory was initially licensed in the State of Nevada:		

Applicant Preferred Mailing Address

Enter the preferred mailing address of the applicant that the Board should use for routine correspondence and notices, after the license is issued (e.g. renewal notices).

Street or P.O. Box:		
City:	State:	Zip Code:

Applicant Information – Natural Person*Complete this section if applicant is a sole proprietor and not incorporated*

Full Legal Name:

Mailing Address:

City:

State:

Zip Code:

Social Security #:

Sex:

Email Address:

Phone #:

Place of Birth:

Date of Birth:

Applicant Information – LLC, Corporation, or Partnership*Complete this section if applicant is a Limited Liability Company, Corporation, or Partnership*

Under the laws of which state was the applicant organized?

In which state is the applicant currently domiciled?

Date applicant was organized (e.g. date articles of incorporation filed):

Have you attached the List of Principals?

Yes

No

Contact Information Concerning Application*Enter the name and contact information of the person the Board should contact concerning this application.*

Name:

Street or P.O. Box:

City:

State:

Zip Code:

Email Address:

Phone #:

Criminal History*For the purposes of these next sections, the phrase "person subject to disclosure requirements" should be understood to refer to and include the following persons:*

1. *If the applicant is a natural person, only the natural person making the application*
2. *If the applicant is a corporation, all officers and directors of that corporation*
3. *If the applicant is a limited liability company, all managers and members of the limited liability company*
4. *If the applicant is a partnership, all partners*

Since the date the last license was renewed, has any person subject to disclosure requirements been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Excluding minor traffic violations.)

Yes

No

If yes is checked, a "Criminal History Form" must be completed by each person for whom this answer applies. This form may be found on the Board website or mailed upon request.

Legal Information (Include a separate written summary of any "Yes" answers)

Since the date the last license was renewed, has any person subject to disclosure requirements had any legal action taken against any professional license held for any reason?	Yes	No
Are there any pending legal actions, complaints, investigations or hearings concerning applicant in process?	Yes	No
Since the date the last license was renewed, has any person subject to disclosure requirements had a professional license, certification or registration denied, restricted, suspended, or revoked?	Yes	No
Since the date the last license was renewed, has any person subject to disclosure requirements voluntarily relinquished or surrendered any license, permit or certificate while under investigation, or after initiation of a disciplinary proceeding?	Yes	No

Nevada Business License Information – Attach copy of valid license

- I do NOT have a Nevada business license number and AM NOT required to have one under the provisions of NRS Chapter 76.
- I do NOT have a Nevada business license number and AM required to have one under the provisions of NRS Chapter 76.
- I have a Nevada business license number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Name on State business license: _____ Business license #: _____

Declaration and Signature

All applications shall be signed by the applicant. Signatures shall be as follows:

- 1) If the applicant is a natural person, the application shall be signed by that person.*
- 2) If the applicant is a corporation, the application shall be signed by the corporation's president.*
- 3) If the applicant is a partnership, the application shall be signed by a partner who has authority to sign on behalf of the partnership.*
- 4) If the applicant is a limited liability company, the application shall be signed by a member of the company who has authority to sign on behalf of the company.*

I hereby declare under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

I declare that I have authority to sign this application in accordance with the requirements stated.

I declare that I will comply with all requirements under Nevada Revised Statutes relating to the license for which I have applied.

I hereby authorize any court, law enforcement agency, or licensing authority to release or make available to the Nevada Funeral and Cemetery Services Board any and all information they may have concerning applicant.

Signature of Applicant

Date

Print Name

Title

For Board Use Only:

Date Received: _____

Date License Issued: _____

Amount Paid: _____

Check Number: _____



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Business Entity – List of Principals

This form is used in conjunction with an application for a funeral establishment permit and must be completed if the applicant is a corporation, limited liability company or partnership.

Applicant Information

Name of applicant: (license if issued, will be issued in this name)

Type of applicant:

Corporation

Limited Liability Company (LLC)

Partnership

Identification of Principals

Identify below all persons involved in the entity subject to disclosure requirements (e.g. all officers and directors of a corporation, all managers and members of a limited liability company, and all partners of a partnership).

(1) Full legal name:

Date of Birth:

Social Security #:

Title:

Street Address:

City:

State:

Zip:

Email Address:

Phone Number:

This person is (check all that are applicable):

Corporate Officer

Corporate Director

LLC Member

LLC Manager

Partner

Stockholder controlling more than 10% of the voting stock

Please check ONE answer to the following questions:

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Signature of Principal (1):

Date:

(2) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	
This person is (check all that are applicable):			
Corporate Officer	Corporate Director	LLC Member	LLC Manager
Partner	Stockholder controlling more than 10% of the voting stock		
Please check ONE answer to the following questions:			
<p>I am not subject to a court order for the support of a child.</p> <p>I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p> <p>I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p>			
Signature of Principal (2):		Date:	

(3) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	
This person is (check all that are applicable):			
Corporate Officer	Corporate Director	LLC Member	LLC Manager
Partner	Stockholder controlling more than 10% of the voting stock		
Please check ONE answer to the following questions:			
<p>I am not subject to a court order for the support of a child.</p> <p>I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p> <p>I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p>			
Signature of Principal (3):		Date:	

(4) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	
This person is (check all that are applicable):			
Corporate Officer	Corporate Director	LLC Member	LLC Manager
Partner	Stockholder controlling more than 10% of the voting stock		
Please check ONE answer to the following questions:			
<p>I am not subject to a court order for the support of a child.</p> <p>I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p> <p>I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p>			
Signature of Principal (4):		Date:	

(5) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	
This person is (check all that are applicable):			
Corporate Officer	Corporate Director	LLC Member	LLC Manager
Partner	Stockholder controlling more than 10% of the voting stock		
Please check ONE answer to the following questions:			
<p>I am not subject to a court order for the support of a child.</p> <p>I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p> <p>I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p>			
Signature of Principal (5):		Date:	

(6) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	
This person is (check all that are applicable):			
Corporate Officer	Corporate Director	LLC Member	LLC Manager
Partner	Stockholder controlling more than 10% of the voting stock		
Please check ONE answer to the following questions:			
<p>I am not subject to a court order for the support of a child.</p> <p>I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p> <p>I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p>			
Signature of Principal (6):		Date:	

(7) Full legal name:		Date of Birth:	
Social Security #:	Title:		
Street Address:	City:	State:	Zip:
Email Address:		Phone Number:	
This person is (check all that are applicable):			
Corporate Officer	Corporate Director	LLC Member	LLC Manager
Partner	Stockholder controlling more than 10% of the voting stock		
Please check ONE answer to the following questions:			
<p>I am not subject to a court order for the support of a child.</p> <p>I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p> <p>I am subject to a court order for the support of one or more children and am NOT in compliance with the order or plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.</p>			
Signature of Principal (7):		Date:	