

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE, BALTIMORE, MARYLAND 21215

TELEPHONE: 410-764-4792, FAX 410-358-6571

INSTRUCTIONS FOR FUNERAL ESTABLISHMENT LICENSE

Before a funeral establishment business is licensed by the Board the following procedure is required:

Licensees must submit a letter informing the Board of their intentions which will include:

1. Intent to purchase and if applicable, the purchase of a trade name.
2. Organizational structure (proprietorship, partnership or professional association).
3. Proposed name and location of new establishment and what specific services will be provided from the location such as:
 - A. Use of office space for arrangements
 - B. Use of establishment for services
 - C. Embalming
 - D. Use of selection room
 - E. Use of vehicle

Upon the Funeral Establishment/Inspection Committee's approval of the name the Board will issue a "Letter of Approval" to the licensee.

The licensee shall take the "Letter of Approval" from the Board of Morticians and Funeral Directors to the **Department of Assessments and Taxation (DAT)** to register the name of the funeral establishment as a Professional Association or the registration of a trade name, DAT will then issue a "Letter of Good Standing".

PLEASE NOTE: The Department of Assessment and Taxation will not honor your request without the "Letter of Approval" from the Board of Morticians.

The address for the Maryland Department of Assessments and Taxations is 301 West Preston Street – Room 801, Baltimore, Maryland 21201-2395. Phone number 410-764-1184.

A copy of the approval issued by DAT must be submitted to the Board.

Please keep this procedure in mind during your planning process.

Upon approval of the name the Board Inspector/Investigator will send you a letter which includes a checklist of documents that are required for review by the Funeral Establishment/Inspection Committee. These documents must be submitted within the 60 days. Failure to submit the documents within the 60 days may result in the Board denying your request and you must start the process from the beginning. A physical inspection of the facility will then be scheduled. After the successful completion of the inspection, you will be required to complete and Establishment application with an attached form to indicate your Federal tax ID number, a Supervising Mortician Certification of Responsibility form, both to be notarized, along with a check or money order for \$700. An additional check or money order for \$375 made out to the Family Security Trust Fund is also required.

The Funeral Establishment/Inspection Committee will then make a recommendation to the full Board for approval of the issuance of a Funeral Establishment license.

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 Patterson Avenue
Baltimore, Maryland 21215-2299

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR THE APPLICATION WILL BE RETURNED

PLEASE MAKE APPLICATION FEE \$700.00 CHECK PAYABLE TO THE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

Establishment licenses expire on November 30th of every year ending with an even number. The application fee has been prorated on a bi-annual basis as listed below, therefore, if you submit your application:

Between December 1st of every even numbered year through November 30th of every odd numbered year the fee is \$700.00;
Between December 1st of every odd numbered year through November 30th of every even numbered year the fee is \$350.

A separate check in the amount of \$375.00 made payable to the Family Security Trust Fund, for the annual fees required for new establishments.

MAILING ADDRESS:

Name _____
Address _____
Trade Name (If applicable) _____
City _____ State _____ Zip Code _____
Telephone Number _____ Fax Number _____
Federal Identification Number _____ Email address _____
Supervising Mortician's Name _____ License No. _____

LOCATION OF ESTABLISHMENT

Name _____
Trade Name (If applicable) _____
Address _____
City _____ State _____ Zip Code _____

The Health Occupations Article, §1-202, requires that you verify that you are complying with the Workmen's Compensation Law. This section must be completed for your license to be issued.

I hereby certify that:

_____ 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:

Insurance Company _____

Policy Number _____ Expiration Date _____

1. **PROPRIETORSHIP:** Name of Owner
Name _____ License Number _____
2. **PARTNERSHIP:** List all Partners (Attach additional pages if necessary)
Name _____ License Number _____
Name _____ License Number _____

3. **PROFESSIONAL ASSOCIATION:** List all names of each member of the Professional Association. Include a Certificate of Good Standing from the Department of Assessments and Taxation. The Corporations and Associations Article, Annotated Code of 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)

Name _____ License Number _____
Name _____ License Number _____

4. **CORPORATION:** List all names of the Officers (Attach additional pages if necessary)

Name _____ Address _____ Position _____
Name _____ Address _____ Position _____
Name _____ Address _____ Position _____

5. Who holds ownership of the funeral establishment building and/or real estate?

NAME OF INDIVIDUAL(S) WHO HOLD(S) OWNERSHIP OF BUILDING:

Name _____ Address _____
Name _____ Address _____

6. List all individuals licensed by the State Board of Morticians and Funeral Directors who are either associated with, employed by, or supervised in your establishment. (Attach additional pages if necessary)

Name _____ License Number _____ Expiration Date _____
Name _____ License Number _____ Expiration Date _____
Name _____ License Number _____ Expiration Date _____

7. List all Funeral Service Businesses and Restricted Funeral Establishments operating out of the Funeral Home.

Name _____ License Number _____ Expiration Date _____
Name _____ License Number _____ Expiration Date _____
Name _____ License Number _____ Expiration Date _____

8. **THIS SECTION MUST BE COMPLETED REGARDLESS OF THE BUSINESS STRUCTURE:** List the name(s) of any individuals or entities which have directly or indirectly at least 10% ownership interest in the establishment.

Name _____ Address _____ Position/License Number _____
Name _____ Address _____ Position/License Number _____
Name _____ Address _____ Position/License Number _____

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 do 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 and Mental Hygiene, the Maryland Board of Morticians and the State of Maryland.

(Signed)

(Title) In accordance with 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."

Subscribed and sworn to before me this _____ day of _____, _____

My Commission expires on _____

(Notary Public)