



APPLICATION FOR FUNERAL HOME LICENSE

State Form 45268 (R7 / 8-16)

Approved by State Board of Accounts, 2016

STATE BOARD OF FUNERAL & CEMETERY SERVICE

PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

(317)-234-3031

E-mail: pla12@pla.IN.gov

www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$50.00, payable to the Indiana Professional Licensing Agency, in accordance with 832 IAC 2-1-2.
 2. All fees are non-refundable and non-transferable.
 3. Please refer to the instructions on our website at www.pla.IN.gov for the licensing requirements.

* Your Federal Identification number is being requested by this state agency in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number issued	Date license issued (month, day, year)	License obtained by

DO NOT WRITE ABOVE THIS LINE

Name of funeral home	Federal Identification number *
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Address of funeral home (number and street, city, state, and ZIP code)

Telephone number ()	E-mail address
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If purchase of a previously licensed funeral home, indicate license number of that funeral home

Have pre-need contract holders been notified of the sale of the funeral home? Yes No

If yes, include a sample copy of the letter. If no, when will the notice be mailed? _____

Name of owner	Type of owner (check one) <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
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Address (number and street, city, state, and ZIP code)

Names, titles and principal addresses of residence of the partners, directors or other executive officers:

NAME	TITLE	ADDRESS (number and street, city, state, and ZIP code)

Name of the manager who will be in charge of the funeral home	License number
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Names and license numbers of all funeral directors/embalmers and funeral director interns who will be performing services at or on behalf of the funeral home:

NAME	LICENSE NUMBER

I understand that providing fraudulent information may be grounds for refusal to issue the license for which I am applying or for disciplinary action against the license which may be issued.

Signature of applicant	Date (month, day, year)
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