

Funeral Establishment License or Branch Establishment Registration Application



For validation only

Select one:

- Funeral establishment license – \$300
- Branch establishment registration – \$250

Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Please type or print clearly and include an authorized signature on page 2

Establishment/Branch information

Name of establishment or branch			Social Security no.*	
Street address				
City	State	ZIP	County	
Daytime telephone no. ()	Mailing address (if different)			
Licensed funeral director name (last, first, middle initial)				
If a branch, name of parent establishment				
Street address				
City	State	ZIP	County	
Daytime telephone no. ()	Mailing address (if different)			
Licensed funeral director name (last, first, middle initial)				
Crematory address (if one is owned or operated by this establishment or located on property owned by this funeral establishment)				
Washington corporation no. (if applicable)			Washington Revenue Tax number/Unified Business Identifier	
Type of business (check one)				
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <i>If you checked partnership or corporation, attach one copy of the partnership agreement or Articles of Incorporation.</i>				

*State law, RCW 26.23.150, requires you to furnish your Social Security number when you apply for this license. If this application is for a business that is a sole proprietorship, the proprietor must furnish his/her Social Security number. Resident aliens, without a Social Security number, must furnish their Individual Tax Identification number.

List the name(s) and address(es) of the sole proprietor, partners, or corporate officers in the space provided on page 2.

For office use only

24003		Cert. date	
		Cert. no.	

Sole Proprietor, Partner, Corporate Officer Data



Name		Title (<i>sole proprietor, partner, corporate officer</i>)	
Address	City	State	ZIP
Name		Title (<i>partner, corporate officer</i>)	
Address	City	State	ZIP
Name		Title (<i>partner, corporate officer</i>)	
Address	City	State	ZIP
Name		Title (<i>partner, corporate officer</i>)	
Address	City	State	ZIP
Name		Title (<i>partner, corporate officer</i>)	
Address	City	State	ZIP
Name		Title (<i>partner, corporate officer</i>)	
Address	City	State	ZIP

Attach an additional page if needed

Has the owner, any partner or any officer of the corporation ever been convicted of a crime other than a minor traffic violation?
 Yes No

If yes, explain on a separate sheet the nature of the offense(s), name and location of the court and the date of conviction. Include a copy of the charges and final disposition.

Certification

I, _____, am the owner, partner, or corporate officer of the establishment whose name appears on this application. I hereby acknowledge that I am responsible for all acts in connection with the operation of said establishment and that all the above statements are true and correct to the best of my knowledge and belief.

Signature of owner, partner, or corporate officer **X** _____

Date _____

If application information is incomplete, the application will not be processed.

Once filed, this application is a public record and is subject to public disclosure. RCW 42.56

Funeral Establishment/Branch Funeral Establishment Application Instructions

Whenever there is a change of ownership or the ownership structure, a new application must be submitted with the appropriate fee as follows:

Establishment	\$300.00
Branch establishment	\$250.00
Establishment name change only	No fee
Change of designated Funeral Director	No fee

Please complete all information on the application form, including ownership information, certification, and signature. If the establishment is owned by a corporation, submit a copy of the articles of incorporation along with the application.

A branch funeral establishment must operate under the same name as the main establishment. Please see WAC 308-48-210 for pertinent information. Complete all information for the main establishment as well as the branch establishment.

Licenses for establishments and branches expire annually on January 31. New licenses issued between November 1 and January 31 will expire on January 31 of the following year.

Mail application to:

If sending payment:
Department of Licensing
Funeral and Cemetery Unit
P.O. Box 9048
Olympia, WA 98507-9048

If not sending payment:
Department of Licensing
Funeral and Cemetery Unit
P.O. Box 9012
Olympia, WA 98507-9012

Telephone: (360) 664-1555
FAX: (360) 664-1495

E-mail: Funerals@dol.wa.gov
Web site: www.dol.wa.gov