

## **Reduction Facility:** LICENSING Alkaline Hydrolysis/Crematory/ **Natural Organic Renewal Application**

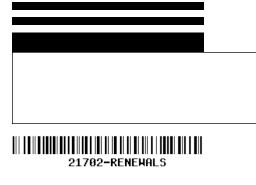
Renew an alkaline hydrolysis, crematory, or natural organic reduction facility license.

Mail this completed form and a check or money order payable to Department of Licensing for the **nonrefundable** fees to:

**Funeral and Cemetery Board Department of Licensing** PO Box 35001 Seattle, WA 98124-3401

For questions or language help call: 360-664-1822

License type (check all that apply) Alkaline Hydrolysis [21706] Crematory [21702] Natural Organic Reduction [21707]



THE OFF KINT Business chary name (or	orporation/furieral floring	e/cemetery) owning and operating the facility. If	sole proprietor, Last name, First	, Middl
Doing business as				
License number		UBI/UBI Business ID/UBI Locatio	n ID (16 digits)	
Mailing address				
10-digit phone number	Email			
	nis state or any o	ther jurisdiction, has the business		
<ol> <li>Within the last 5 years, in the business owners, or any per (fine, suspension, revocation occupational license, certification).</li> <li>Within the last 5 years, in the business owners, or any perconvicted of, or entered a perconvicted of the conviction.</li> <li>Renewal fee calculation</li> </ol>	nis state or any o ersons with contro on, censure, surre cation, or permit' nis state or any o ersons with contro lea of no contest tions.)	ther jurisdiction, has the business billing interest in this business had ender, etc.) taken against any profession.  ther jurisdiction, has the business billing interest in this business defact to a gross misdemeanor or felon	any action fessional or fessional or fessional or fessional or fessional yes entity, any fulled, or been for crime?	No No
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Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

Signature

Date and place