



State of Ohio
Board of Embalmers and Funeral Directors

77 South High Street, 16th Floor, Columbus, OH 43215-6108 • Phone (614) 466-4252 • Fax (614) 728-6825
E-Mail: oh.emb.bd@funeral.ohio.gov • Website: www.funeral.ohio.gov

Funeral Home – application for license

Initial license fee: \$350.00

Submit the following items:	Completed application Check in the amount of \$350.00 All required documents (see application)
Make check payable to:	Board of Embalmers and Funeral Directors

- Type or print information on form.
- If a funeral home is sold, the new owner shall apply for a license within thirty days after the date of the closing of the purchase of the funeral home.
- The person licensed to operate the funeral home shall surrender the current funeral home license to the Board within thirty days after a change in ownership or location.
- **A funeral home shall be established and operated only under the name of an Ohio-licensed funeral director who is actually in charge of and ultimately responsible for the funeral home (AIC/UR). See Section 4717.06 R.C.**
- The funeral director's name in the title must match the funeral director who is listed as AIC/UR.
- Do not use directional or geographical references in funeral home name.
- Do not use any of the following terms in funeral home name on this form..
"A," "An," "The," "Cemetery," "Crematory," "Cremation Service/s," "Garden,"
- Prior to Board meeting, the Board staff reviews applications, and verifies information. Incomplete or incorrect information will impact Board consideration of an application.

If you have questions, contact Board office
Telephone: (614) 466.4252 Facsimile: (614) 728.6825

Licensing items for consideration by the board are due at least one week prior to the meeting.
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Mail required items to:
Board of Embalmers and Funeral Directors
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Completion of application is required by Sec. 4717.06 R.C.

Funeral Home – application for license

FH – 00 -
Issue date:

Funeral Home name and location

Name of Funeral Home	
Actual street location	
Post Office Box	
Actual city/town location	OHIO
Zip code	
County	
Telephone No. including area code	
Facsimile No. including area code	
Email address	
Website address	

Mailing address, if different from above:

Name of Funeral Home	
Street	
Post Office Box	
City	OHIO
Zip code	

As the owner or person authorized to sign for the owner, I certify that this application is accurate and the funeral home complies with Section 4717.06 R.C. and with rules adopted by the Board under Section 4717.05 R.C., rules adopted by the Board of Building Standards under Chapter 3781 R.C., and all other federal, state and local requirements relating to the safety of the premises.

 Signature of owner or authorized person date

Sworn/affirmed before me and signed in my presence this ____ day of _____, 20____.

 Notary Public date

(Notary Seal/Stamp)

My commission Expires: _____

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Circle applicable option(s), and submit documents listed with that option

1.	<p>Opening new funeral home: Board approves application pending receipt of an occupancy permit and the final inspection.</p> <ul style="list-style-type: none"> ▪ You cannot do business until Board issues funeral home license. ▪ Once Board approves the application (pending receipt of an occupancy permit and the final inspection and you have a building permit in your possession), you may advertise as “future site of ABC Funeral Home”. 	
	❖ Criminal Records Check in accordance with section 4776.01 of the Revised Code for all parties to the application for licensure:	
	❖ Occupancy permit received:	
	❖ Final inspection completed:	
2.	<p>Opening new funeral home by leasing space from another funeral home, submit:</p> <ul style="list-style-type: none"> ▪ You cannot do business until Board issues funeral home license. 	
	❖ Criminal Records Check in accordance with section 4776.01 of the Revised Code for all parties to the application for licensure:	
	❖ Letter from owner permitting you to operate from funeral home:	
3.	<p>Buying existing funeral home, submit:</p>	
	❖ Criminal Records Check in accordance with section 4776.01 of the Revised Code for all parties to the application for licensure:	
	❖ Clearly-enumerated list of preneed accounts enclosed:	
	❖ Old display license and small license card enclosed:	
4.	<p>Change in majority ownership of existing funeral home, submit:</p>	
	❖ Criminal Records Check in accordance with section 4776.01 of the Revised Code for all parties to the application for licensure:	
	❖ Clearly-enumerated list of preneed accounts enclosed:	
	❖ Old display license and small license card enclosed:	
5.	<p>Change in location of existing funeral home, submit:</p>	
	❖ Clearly-enumerated list of preneed accounts enclosed:	
	❖ Old display license and small license card enclosed:	
	Will the current location close upon issuance of new license?	
	Will the current location continue to be a funeral home?	

\$350 fee received:	
Date of last inspection:	

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Ownership: select one of the following

S	Sole proprietorship:	
	Name of sole proprietor:	

P	Partnership: ❖ Attach separate sheet listing names and addresses of all partners	
	Name of partnership:	
	Print name of person authorized to sign for partnership:	

L	Limited Liability Corporation:	
	Name of LLC filed with the Ohio Secretary of State:	
	Statutory agent's name(s):	
	Statutory agent's street address:	
	Print name of person authorized to sign for LLC:	

C	Corporation:	
	Name of Corporation filed with the Ohio Secretary of State:	
	Statutory agent's name(s):	
	Statutory agent's street address:	
	Print name of person authorized to sign for Corporation:	

O	Other: ❖ Attach explanation	
	Name Company:	
	Statutory agent's name(s):	
	Statutory agent's street address:	
	Print name of person authorized to sign for Company:	

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The funeral home shall have on the premises one of the following, check ✓ one:

<input type="checkbox"/>	Funeral Home maintains an EMBALMING/PREPARATION ROOM
<input type="checkbox"/>	Funeral Home maintains a HOLDING ROOM

Does the funeral home have on the premises? (please indicate yes or no):

<input type="checkbox"/>	Funeral Home maintains a refrigeration unit.
<input type="checkbox"/>	Funeral Home includes a retort (<i>crematories require a separate license</i>).

Manager

Manager's License No.	
Print or type Manager's name as it appears on their license:	
Section 4717.06(B)(4) RC Each funeral home shall be directly supervised by a funeral director licensed under this chapter, who shall supervise only one funeral home.	
<i>I hereby certify that I am licensed as a funeral director in the state of Ohio, that I am <u>not</u> on a waiver or exemption of the continuing education requirement, and that I am manager of this funeral home location:</i>	
Signature of funeral director manager	date
Sworn/affirmed before me and signed in my presence this ____ day of _____, 20____.	
Notary Public	date
(Notary Seal/Stamp)	My commission Expires: _____

Funeral Director Actually in Charge of and Ultimately Responsible for Funeral Home

Funeral Director AIC/UR License No.	
Print or type name of AIC/UR as it appears on their license:	
Section 4717.06(B)(3) RC A funeral home shall be established and operated only under the name of a holder of a funeral director's license issued by the Board who is actually in charge of and ultimately responsible for the funeral home.	
<i>I hereby certify that I am licensed as a funeral director in the state of Ohio, that I am not on an exemption of the continuing education requirement, and that I am the funeral director actually in charge of and ultimately responsible for this funeral home:</i>	
Signature of funeral director AIC/UR	date
Sworn/affirmed before me and signed in my presence this ____ day of _____, 20____.	
Notary Public	date
(Notary Seal/Stamp)	My commission Expires: _____

If funeral home has more than one manger or AIC/UR, please complete the next page of this application.

Additional Manager and/or AIC/UR

Please complete this page only if funeral home has more than one manager or funeral director AIC/UR.

Funeral Home Firm Title

Additional Manager

Manager's License No.	
Print or type Manager's name as it appears on their license:	
<p><i>Section 4717.06(B)(4) RC Each funeral home shall be directly supervised by a funeral director licensed under this chapter, who shall supervise only one funeral home.</i></p>	
<p><i>I hereby certify that I am licensed as a funeral director in the state of Ohio, that I am not on a waiver or exemption of the continuing education requirement, and that I am manager of this funeral home location:</i></p>	
Signature of funeral director manager	date
Sworn/affirmed before me and signed in my presence this ____ day of _____, 20____.	
Notary Public	date
(Notary Seal/Stamp)	My commission Expires: _____

Additional Director Actually in Charge of and Ultimately Responsible for Funeral Home

Funeral Director AIC/UR License No.	
Print or type name of AIC/UR as it appears on their license:	
<p><i>Section 4717.06(B)(3) RC A funeral home shall be established and operated only under the name of a holder of a funeral director's license issued by the Board who is actually in charge of and ultimately responsible for the funeral home.</i></p>	
<p><i>I hereby certify that I am licensed as a funeral director in the state of Ohio, that I am not on an exemption of the continuing education requirement, and that I am the funeral director actually in charge of and ultimately responsible for this funeral home</i></p>	
Signature of funeral director AIC/UR	date
Sworn/affirmed before me and signed in my presence this ____ day of _____, 20____.	
Notary Public	date
(Notary Seal/Stamp)	My commission Expires: _____