



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

RE: **Crematory Facility**

Enclosures: Crematory Facility - application for initial license
Sheet of specific crematory facility licensing laws

Initial License fee: \$350.00

Make check payable to: Treasurer State of Ohio

Submit following items:

1. Check for \$350.00 license fee
2. Completed application
3. Copies of all forms used by the crematory facility
4. Occupancy permit (required only for new facility, not existing facility)
5. Criminal Records Check(s) in accordance with section 4776.01 of the Revised Code for all parties to the application for licensure.

Mail required items to:

Board of Embalmers and Funeral Directors
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Prior to the Board meeting, the Board staff reviews applications, and verifies information. Incomplete or incorrect information will impact Board consideration of an application.

Licensing items for consideration by the board are due at least one week prior to the meeting.

Crematory Facility must be inspected by Board staff before consideration by Board.

Crematory Facility- Application for License

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The undersigned hereby makes application to operate a crematory facility in the state of Ohio subject to the provisions of the Ohio Revised Code and rules adopted thereunder.

Type or print information. Remit license fee of **\$350** along with completed application to Board office.

Name of Crematory:

Street Address:

City: OHIO Zip: County:

Telephone # () Facsimile # ()

Sec. 4717.01(Q) R.C. "Operator of a Crematory Facility" means the sole proprietorship, partnership, corporation, limited liability company, or other business entity responsible for the overall operation of a crematory facility. Check the appropriate box.

Sole Proprietorship Partnership Limited Liability Corporation other (attach explanation)

Name of Partnership, LLC, Corporation, Other:

Name of sole proprietor or names & addresses of partners (attach separate sheet) or name & address of statutory agent

Name:

Street Address:

City: OHIO Zip: County:

As the operator of this crematory facility, I certify that this application is accurate and the crematory facility complies with rules adopted by the Board under Sec. 4717.04 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 operator of crematory (sole proprietor or person authorized to sign on behalf of the partnership, LLC, or corporation) print name after signature Date signed

Social Security No. - -

Your Social Security No. is mandatory for child support enforcement purposes, pursuant to Sec 3123.50 R.C.

Sworn to (or affirmed) before me and signed in my presence this _____ day of _____, 20_____

Signature of notary public

Date signed

(Seal affixed here)

Notary Public, State of Ohio
My Commission Expires _____