



DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

Maryland Board of Morticians and Funeral Directors

RENEWAL INSTRUCTIONS FOR ESTABLISHMENTS AND CORPORATIONS

Note: Postmarked No Later Than November 30, 2016

A late fee of \$400.00 will be assessed after December 15, 2016 for all incomplete or late renewal applications

****No Hand Deliveries Accepted****

This is your renewal notice for the December 1, 2016 through November 30, 2018 licensure period.

Applications received by November 14, 2016 will be guaranteed their paper license by December 1, 2016.

Please fill in the license number and the correct address. If there are additions, corrections or changes, please mark the appropriate space provided.

All questions on the renewal application must be answered, including type of establishment and ownership, officers, if relevant, and who has at least 10% ownership interest in the establishment or corporation.

Please include a Letter of Good Standing from the Department of Assessments and Taxation, requested within the past 30 days. If you have questions, please call the Department of Assessments and Taxation at 410-767-1353.

All Establishment License and Corporate License applications must include a completed Supervising Mortician Form or Supervising Funeral Director Form before receiving a license.

The Board does have the authority to charge a late fee if license renewals are not received by December 15, 2016. Those who do not renew before December 15, 2016 will be assessed a late fee of \$400.00 as noted in COMAR 10.29.04.02 P Fee Schedule. You may not conduct business without a valid license.

The Office of the Comptroller will review all licensees to determine if the establishment/corporation owes any monies to the Comptroller. All payments owed must be resolved before the Board can issue a license. If you have issues needing resolution, please call the Office of the Comptroller at 410-649-0633, 410-649-0621 or toll free 888-614-6337.

Please remit the renewal fee and make check payable to the Board of Morticians and Funeral Directors.

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS APPLICATION FOR RENEWAL OF ESTABLISHMENT LICENSE

PLEASE MAKE CHECK PAYABLE TO THE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
FAILURE TO RENEW LICENSE BY 12/15/2016 SHALL RESULT IN PENALTY FEE OF \$400.

POSTMARKED NO LATER THAN NOVEMBER 30, 2016

NO HAND DELIVERY ACCEPTED

ORIGINAL LICENSE

RENEWAL FEE \$700

EXP. DATE 11/30/2016

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Federal Tax ID Number:

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SECTION I – GENERAL INFORMATION - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address and enclose proof of name change.

A. Establishment Address: _____

(location of business)

Establishment Phone Number: □□□ - □□□-□□□□

A1. Name of Supervising Mortician: _____

B. If Restricted: _____

**(Funeral Establishment
operated out of)**

Practice Phone Number: □□□ - □□□-□□□□

E-mail address: _____ Cell Phone Number: _____ Whose cell? _____

C. Mailing Address: Which address do you wish to receive mail from the Board? (renewal licenses, notices, etc.)
(Please check one) Establishment: Practice: **(If restricted)**

D. Type of Business: (Please check one) Proprietorship Corporation Professional Association Partnership

E. MD County where establishment is located: _____ F. MD County of Practice **(if restricted)** _____

The Health Occupations Article, Title 1, § 1-202, requires that you verify that you are complying with the Workmen's Compensation Law. This section must be completed for your renewal to be issued.

I hereby certify that:

_____ I am exempt because I do not employ anyone in my establishment.

_____ I employ one or more persons in my establishment and have the following coverage.

Insurance Company _____

Policy Number _____ Expiration Date _____

COMPLETE THE FOLLOWING INFORMATION:

1. **PROPRIETORSHIP: Name of Owner**

Name _____ License Number _____

2. **PARTNERSHIP: List all partners, active and inactive** (Attach additional pages if necessary.)

Name _____ License Number _____

Name _____ License Number _____

3. **PROFESSIONAL ASSOCIATION:** List the names of each licensee who holds at least a ten percent ownership interest in the partnership, professional association, or sole proprietorship which operates the funeral establishment. (Attach additional pages if necessary)

Name _____ License Number _____

Name _____ License Number _____

4. **PROFESSIONAL ASSOCIATION: List all names of the officers. Include a Certificate of Good Standing from the Department of Assessments and Taxation.** Corporation and Association Article §5-117 a) requires that all of the officers of a professional corporation, except the secretary and treasurer, must be licensees. (Attach additional pages if necessary)

Name _____ License Number _____

Name _____ License Number _____

5. **CORPORATION:** List all names of the officers (Attach additional pages if necessary.)

(Name) (Address) (Position)

(Name) (Address) (Position)

6. **CORPORATION:** List the names of any individual, corporation, or other business entities, which either directly or indirectly hold an ownership interest of ten percent or more in the corporation or business entity that operates the funeral establishment. (Attach additional pages if necessary.)

(Name) (Address)

Name _____ License Number _____

7. Please complete enclosed supervising mortician form for each supervising mortician.

8. List all Maryland licensed morticians or funeral directors your establishment employs. (Attach additional pages if necessary.) **Please note that each of their licenses, whether full or part time employees, must be listed.**

Name _____ License Number _____

Name _____ License Number _____

9. List all apprentices you employ. (Attach additional pages if necessary.)

Apprentice's Name _____ Sponsor's Name _____

Apprentice's Name _____ Sponsor's Name _____

10. Does your establishment have an embalming preparation room? Yes _____ No _____

11. Does your establishment have a holding room? Yes _____ No _____

12. Is your establishment arrangements only? Yes _____ No _____

13. Restricted out of where? _____ (Current lease agreement must be attached)

14. If you send human remains out to be embalmed, where do you send them? _____
- 14A. Do you use a trade embalmer? Yes _____ No _____ Whom? _____
15. Do you ever use a transport service? Yes _____ No _____ If so please list contact information. (Attach additional pages if necessary)

Company Name	Address	Phone Number

16. List all vehicles you own that are used to remove human remains from place of death. (Attach additional pages if necessary.)

Make & Model _____ License Number _____

Make & Model _____ License Number _____

17. List all employees, including licensees, that you utilize to remove human remains.
- 17A. Did all of the above employees receive appropriate training in OSHA/MOSH, Blood Bourne Pathogens and Infectious Disease?
If no, explain. _____

18. What was the date of the last OSHA training for your funeral establishment? _____

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete and made in good faith. If a funeral establishment license is granted, I do solemnly swear that the establishment operated under this license will be operated strictly in compliance with all laws, rules and regulations of the State Department of Health and Mental Hygiene, the Maryland State Board of Morticians and Funeral Directors and the State of Maryland.

Signature _____ Title _____

In accordance with Health Occupation Article, Title 7, §7-310 (b)(2) "An application for a Funeral establishment license shall be signed by a licensed individual who is not an apprentice but is the owner or co-owner of the establishment to be licensed."

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission expires on _____

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