



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

MARYLAND BOARD OF MORTICIANS and FUNERAL DIRECTORS

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

RENEWAL INSTRUCTIONS FOR ESTABLISHMENTS AND CORPORATIONS

Note: Postmarked No Later Than November 30, 2014
A late fee of \$400.00 will be assessed after December 15, 2014
****No Hand Deliveries Accepted****

Enclosed is your renewal notice for the December 1, 2014 through November 30, 2016 licensure period.

Applications received by November 14, 2014 will be guaranteed their paper license by December 1, 2014.

Please carefully review the name and address printed on the attached application. 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 before receiving a license.

The Board does have the authority to charge a late fee if license renewals are not received by December 15, 2014. Those who do not renew before December 15, 2014 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 has paid all undisputed taxes and unemployment insurance contributions. All tax or unemployment insurance contributions must be resolved before the Board can issue a license. If you have tax 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 12/15/2014 SHALL RESULT IN PENALTY FEE OF \$400.

POSTMARKED NO LATER THAN NOVEMBER 30, 2014

NO HAND DELIVERY ACCEPTED

ORIGINAL LICENSE

RENEWAL FEE \$700

EXP. DATE 11/30/2014

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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

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 Borne 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 _____

SEAL



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Martin O'Malley, Governor Anthony G. Brown, Lt. Governor John M. Colmers, Secretary

State Board of Morticians and Funeral Directors

(10-1) "Supervising mortician" means a mortician who is responsible to the State Board of Morticians and Funeral Directors for compliance with the Maryland Morticians Act for all operations of a funeral establishment including, but not limited to, the administration of pre-need accounts.

I _____ License No. _____, understand that I
Supervising Mortician

shall be the supervising mortician of said establishment and shall, therefore, be responsible for all transactions conducted within the establishment and throughout its entire scope of services, including responsibilities for all advertisements made in connection with said establishment. I further understand that I shall be physically present on an as-needed basis to perform the supervision of funeral arrangements, to conduct funerals and dispose of dead human bodies by burial or cremations. I agree that I shall be personally responsible for funerals serviced by _____ establishment, and the employees of the establishment. I further agree that the funeral establishment operated under this license shall be equipped, maintained and conducted strictly in compliance with the laws of the State of Maryland, in particular, with the Morticians Act, Title 7, Health Occupations Article, Maryland Annotated Code, all applicable Federal Trade Commission (FTC Funeral Rules) and OSHA rules. I further affirm that should my authority for the acceptance of such responsibility cease, I will immediately notify the Board.

Signature of Supervising Mortician

STATE OF MARYLAND

CITY/COUNTY OF _____

I hereby certify that on this _____ day of _____, 20____, before me a Notary Public of the State and County aforesaid, personally appeared _____ and made oath in due form of law that the foregoing _____ was his/her voluntary act and deed.

AS WITNESS my hand and Notarial Seal.

Notary Public

My Commission Expires: _____

410-764-4792 • Fax 410-358-6571

Toll Free 1-877-4MD-DHMH • TTY for Disabled Maryland Relay Service 1-800-735-2258

Web Site www.dhmh.state.md.us bom

