



South Dakota Board of Funeral Service

810 N. Main Street, Suite #298
Spearfish, SD 57783
(605) 642-1600

CREMATORY ESTABLISHMENT

LICENSE RENEWAL APPLICATION FORM FOR 2012 ALL LICENSES EXPIRE ON DECEMBER 31, 2011

1. SDCL 36-26A requires renewal to be made prior to December 31 of each year.
2. Send money order, certified check, bank draft or personal check of \$100.00 payable to South Dakota Board of Funeral Services at the above address.
3. Please remember to notify the board of any change of address or ownership within thirty days.

Crematory Name: _____ License Number: _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

Physical Address: _____
(Street) (City) (State) (Zip Code)

Please list Names below or attach a sheet with all principles listed.

- () Proprietorship _____
- () Partnership _____
- () Corporation _____

If Corporation: List both the name and address of 25% of the primary and subsidiary corporation and primary stockholders of each.

License Number: _____ Type of Structure: _____

Type of Equipment Used: _____

Crematory Telephone Number: _____

Licensee in Charge: _____

Signature of Licensee in Charge: _____ Date _____

Board use ONLY:

Received _____ Check Number _____ \$ _____