



South Dakota Board of Funeral Service
810 North Main #298
Spearfish, SD 57783

FUNERAL ESTABLISHMENT APPLICATION FORM

- 1. If you wish to obtain an establishment license, please return this form to the above address.
2. Send money order, certified check, bank draft or personal check of \$250.00 payable to South Dakota Board of Funeral Service at the above address.
3. All establishments seeking licensure must pass an inspection conducted by a board member or board representative before licensure is granted.

Establishment Name: _____

Address: _____
(Street address) (City) (State) (Zip code)

Address: _____
(Mailing address) (City) (State) (Zip code)

- () Proprietorship
() Partnership
() Corporation

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

Licensee in charge: _____ License Number _____
(please print)

Address _____
City State Zip

Establishment Phone: _____ Fax _____

Signature _____ Date _____
(licensee in charge)

Board use ONLY: Received _____ CHK # _____ \$ _____

License Number Issued: _____ Date Issued: _____
(Signature of Board Member)

