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/ (licensee in charge)

Board use ONLY: Received _______ CHK # _______ $ _______ 

License Number Issued: ______________________ Date Issued: ______________________

(Signature of Board Member)