



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

FUNERAL ESTABLISHMENT APPLICATION FORM

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Please send a check or money order in the amount of \$350.00, made payable to South Dakota Board of Funeral Service, to the above address.

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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)

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

License Number Issued: _____ Date Issued: _____

(Signature of Board Member)

