



South Dakota Board of Funeral Service

810 North Main #298
Spearfish, SD 57783
(605) 642-1600

FUNERAL ESTABLISHMENT

LICENSE RENEWAL APPLICATION FORM

1. Please return this renewal form and payment of **\$350.00** by **December 1st** at the above address.
2. SDCL 36-19-37 requires, "each application for renewal must be submitted to the board during the month of December and accompanied by the renewal fee".
3. Please remember to notify the board of any change of address or ownership within five days of the change of address or sale of the establishment as per SDCL 36-19-32.

Board use **ONLY**:

Received _____ Check Number _____ \$ _____

Check one;

Proprietorship Partnership Corporation

If Corporation: List both the name and address of primary and subsidiary corporation and primary stockholders of each. If necessary, you may attach a separate sheet of paper.

Establishment Name: _____ License Number: _____

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

Mailing Address if different from Physical Address: _____
(Mailing Address) (City) (State) (Zip Code)

Establishment Phone: (_____) Fax: (_____)

Establishment E-Mail: _____

Licensee in charge: _____ License Number: _____
(Please Print)

Signature _____ Date _____
(Of Licensee In Charge)

*If the facility, at this time, is a visitation chapel **without an operational prep room** there is no fee and renewal is not necessary, as this facility would not be a licensed funeral establishment.*

*If this licensed establishment named above has visitation chapel(s), please list the visitation chapel(s) with the physical address(es) associated with your licensed establishment: _____

