



# South Dakota Board of Funeral Service

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

## FUNERAL ESTABLISHMENT

### LICENSE RENEWAL APPLICATION FORM

1. If you wish to retain your license, please return this renewal form by **December 1st**.
2. Please send the renewal form and a money order, certified check, or a personal check for \$250.00 payable to South Dakota Board of Funeral Service at the above address.
3. SDCL 36-19-37 requires, "renewal shall be made within thirty days prior to the expiration of the license".
4. 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: ( \_\_\_\_\_ )

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: \_\_\_\_\_