



## **Commercial Embalming** **Change of Ownership Amendment Guidelines**

**You may only change the ownership information with this application.  
Name or Location changes are not eligible for this application.**

All applicants when **requesting for a change of ownership ONLY**, must supply all required documents listed below along with the attached Amendment Form.

An amendment for ownership change may be used for the following situations:

- Sale of business
- Death of owner
- Designation change (i.e. sole proprietor to corporation)

**By amending the original application, the new owner must agree to the following terms:**

- Retain existing license number
- Retain all past complaint history associated with establishment license number
- Responsible for ALL past and current complaint penalties due to Commission regardless of ownership
- Responsible for maintenance of funeral records as required by law

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Read all requirements and instructions carefully.

Please attach the following documents with your amendment:

- SALE OF BUSINESS – Bill of Sale or Legal documents supporting sale.
- DESIGNATION CHANGE – Legal documents supporting the change.
- DEATH OF OWNER - Copy of Death Certificate.
- EIC Appointment Form – Even if there is no change.
- Franchise Tax Addendum for those taxable entities formed in Texas or doing business in Texas  
(\*see last page of application)

Upon receipt and approval of the items listed above, the facility will be contacted to schedule a physical site inspection, if necessary, by the TFSC inspectors.

**Requests will not be approved until all required documents have been received.**

**Please Email Completed Application and documents to:**

[nikki@tfsc.texas.gov](mailto:nikki@tfsc.texas.gov)



## COMMERCIAL EMBALMING Change of Ownership Amendment

**Name or Location changes are NOT eligible for this application.**

Name of Current Establishment \_\_\_\_\_

Current License Number \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Date of Last Inspection \_\_\_\_\_

### **CREMATORY ASSOCIATION:**

Is there a Crematory associated with this location? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, the Crematory must also complete a separate Change of Ownership Amendment Form. Please submit with this application.**

Name of Crematory \_\_\_\_\_

License Number of Crematory \_\_\_\_\_

### **CHANGE OF OWNERSHIP DUE TO:**

- Sale of Business (**Must submit Bill of Sale, or other legal documents**)
- Death of Owner (**Must submit Death Certificate**)
- Designation Change (**Must submit legal documentation of the designated change**)

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Please provide the name of the previous owner(s):

\_\_\_\_\_

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**TYPE OF BUSINESS:** (please choose one)

- Sole owner Name: \_\_\_\_\_
- Partnership Names: \_\_\_\_\_
- Corporation Name: \_\_\_\_\_  
(Includes INC, LLC, LTD, LP)

List names and addresses of the sole owner, partners, or officers of the corporation (attach additional sheet if necessary).

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____

**EMPLOYEE LISTING:**

Licensed personnel employed and active in this establishment (attach additional sheet if necessary):

Name _____	License # _____
Name _____	License # _____
Name _____	License # _____

Non-licensed personnel employed and active in this establishment (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As the owner of the commercial embalming establishment:

- I understand that I will retain the license number of the existing establishment, I understand I will retain any and all complaint history associated with the said license number, I understand I will be responsible for any past and current penalties due to the Commission whether I was owner at the time of complaint or not. I understand I must retain the records of the establishment as required by law.
- I hereby consent to reasonable inspection of this establishment and its records for compliance with the Mortuary Laws of the State of Texas at such times as may be designated by the Texas Funeral Service Commission.
- I shall designate to the Commission a Embalmer in Charge, and such Embalmer in Charge shall be directly responsible for the embalming of the licensed commercial embalming establishment. Any change to the designation shall be given to the Commission within 15 days.
- I affirm that the statements and information contained in this application are true and correct.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

**Please Email Completed Application and Documents to:**

[nikki@tfsc.texas.gov](mailto:nikki@tfsc.texas.gov)



# APPOINTMENT OF EMBALMER IN CHARGE

(For Commercial Embalming Facilities ONLY)

**All information is required. Incomplete applications will not be processed and WILL be returned.**

Establishment Name \_\_\_\_\_

Establishment License Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New EIC Name \_\_\_\_\_

New EIC License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date Appointed \_\_\_\_\_

Are you currently serving as FDIC/EIC at any other location(s)? \*Yes \_\_\_\_\_ No \_\_\_\_\_

**\*NOTE:** Per TFSC rule, an individual may NOT serve as FDIC/EIC at multiple locations unless the locations are within 100 miles of each other and have the exact same ownership.

Establishment Name(s)	Location(s)	Establishment License #
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_____	_____	_____
_____	_____	_____

As the Embalmer in Charge, I am responsible to the Commission for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the funeral establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness contained in this application.

\_\_\_\_\_  
Embalmer in Charge Signature Date

\_\_\_\_\_  
Establishment Owner Signature Date



**ADDENDUM**  
Franchise Tax

Tex. Admin. Code 203.13 requires any corporate applicant for a license or permit issued by the Texas Funeral Service Commission to certify in writing that its franchise taxes are current, that the corporation is exempt from payment of the franchise tax, or that it is an out-of-state corporation that is not subject to the Texas franchise tax. **If this facility is a taxable entity formed in Texas or doing business in Texas (\*see below), the certification below must be completed and returned with the application.**

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**FRANCHISE TAX CERTIFICATION**

I hereby certify that \_\_\_\_\_,  
Name of Corporation

the owner of \_\_\_\_\_,  
Name of Funeral Establishment

in the city of \_\_\_\_\_, Texas is:

- Current on the payment of its Texas franchise tax
- Exempt from payment of the Texas franchise tax
- An out-of-state entity that is not subject to the Texas franchise tax

Name & Title of Officer: \_\_\_\_\_

Franchise Tax ID Number: \_\_\_\_\_

I understand that any false statement as to the corporate franchise tax status on this certification is ground for disciplinary action. I hereby state under oath that the statements contained herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\* Entities Subject to Franchise Tax - - Each taxable entity formed in Texas or doing business in Texas must file and pay franchise tax. These entities include: corporations; limited liability companies (LLCs), including series LLCs; banks; state limited banking associations; savings and loan associations; S corporations; professional corporations; partnerships (general, limited and limited liability); trusts; professional associations; business associations; joint ventures; and other legal entities.