

Texas Funeral Service Commission

Commercial Embalming Facility Renewal

If this facility has changed name or location, STOP! You may not renew this license. You MUST complete a NEW application for licensure. If this facility has changed owners, you must either complete a new application for licensure OR submit a Change of Ownership Amendment prior to renewal.

- Renewal Fee - \$537.00 (Must be received prior to license expiration)
- Late Renewal Fee - \$1,057.00

Establishment Name _____ License # _____

Physical Address _____
(street) (city) (zip)

Mailing address (if different from above) _____

Telephone Number _____ Fax Number _____

Email Address _____

TYPE OF BUSINESS

- Sole ownership / Name: _____
- Partnership / Name: _____
- Corporation/Name: _____

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

Name _____
Title _____
Address _____

Name _____
Title _____
Address _____

Name _____
Title _____
Address _____

EIC

Name: _____ License #: _____

Does EIC currently serve as EIC at other locations? _____ If yes, please list name and license number of other locations: _____

CRIMINAL HISTORY

- 1. Within the last 12 months has any person associated with the facility been convicted of a felony? Yes ___ No ___

- 2. Within the last 12 months has any person associated with the facility been convicted of a misdemeanor related to funeral directing/embalming? Yes ___ No ___

- 3. Within the last 12 months has the facility and/or the EIC been the subject of administrative action by the Commission? Yes ___ No ___ If Yes, please indicate the Complaint Case Number: _____

If you answered yes to any of the above questions, please explain in detail. Attach additional pages if necessary.

FACILITY EXEMPTION

Has the facility been granted a records exemption? Yes ___ No ___ If Yes, please indicate where the records are stored. _____

As the owner or officer of the commercial embalming facility, I affirm the statements and information contained in this renewal application are true and correct.

Signature _____ Title _____

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.**

FRANCHISE TAX CERTIFICATION

I hereby certify that _____, the owner of _____
Name of Entity 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.