

Texas Funeral Service Commission

Commercial Embalming Facility

Application Guidelines

All applicants when applying for a new establishment license must comply with Texas Occupations Code Section 651.351, Funeral Establishment License Requirements, and Texas Administrative Code Section 203.9, Licensure of Funeral Establishments and Commercial Embalming Establishments, by supplying all the required documentation, including the Health and Fire Inspections.

An application for a new funeral establishment license is required for the following situations:

- New Establishment
- Name Change of Existing Establishment
- Ownership Change of Existing Establishment
- Location Change of Existing Establishment

Read all requirements and instructions carefully. Please attach the following documents with your application:

- Licensing Fee of \$462.00
- Compliance Forms
 - Price List for Services Rendered
 - Embalming Case Report Form
 - Authorization to Embalm Form
- Fire Inspection Form (or letter in lieu of if not required by local government)
- Health Inspection Form (or letter in lieu of if not required by local government)
- EIC Appointment Form
- 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 establishment will be contacted to schedule a physical site inspection by the TFSC inspectors.

No license will be issued until all required documents are received and processed AND all inspections are completed.

Texas Funeral Service Commission Commercial Embalming Facility Application

Name of Facility _____

Physical Address _____

(street)

(city)

(zip)

Mailing address (if different from above) _____

Telephone Number _____ Fax Number _____

Email Address: _____

Please check all that apply:

- New Establishment
- Name Change *
- Ownership Change *
- Physical Location Change *

* Provide the name and license number of existing establishment for changes starred above:

Is this establishment on cemetery property? Yes _____ No _____

Is this establishment on tax exempt property? Yes _____ No _____

Is there a facility in the service area, county or city that bears a similar name?

- No
- Yes – Name: _____

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 _____

EMPLOYEE LISTING

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

Name _____ License # _____

Name _____ License # _____

Name _____ License # _____

Name _____ License # _____

Name _____ License # _____

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

As the owner or officer of the commercial embalming facility:

- I hereby consent to reasonable inspection of this facility 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 an Embalmer in Charge, and such Embalmer in Charge shall be directly responsible for the embalming of the licensed commercial funeral 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

Title

Before me, the undersigned, a notary public in and for the State of Texas, on this day personally appeared _____, who by me being placed under oath, disposes and says that he/she is the _____ (*title*) of the _____ (*establishment*).

Subscribed and sworn to before me this _____ day of _____ 20_____.

(SEAL)

Notary Public in and for the State of Texas

My commission expires _____



TEXAS FUNERAL SERVICE COMMISSION
APPOINTMENT OF EMBALMER IN CHARGE

Establishment Name License Number

Street Address City Zip

Embalmer Director in Charge License Number Expiration Date

Date Appointed _____

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

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

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

Establishment Owner

Subscribed and sworn to me, the undersigned Notary Public of the State of Texas, on this the ____ day of _____, _____.

Notary Public

My Commission Expires

(seal)

Address:
P. O. Box 12217
Capitol Station
Austin, Texas 78711

Toll Free: (888) 667-4881
Tel: (512) 936-2474
Fax: (512) 479-5064
website: www.tfsc.state.tx.us

Physical Address:
333 Guadalupe Street
Suite 2-110
Austin, Texas 78701

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

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public in and for the State of Texas

My commission expires _____

* 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.