

**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 (May choose to do an Ownership Amendment instead)

**Documentation required for following:**

**Sale of Business**– Bill of Sale

**Death** – Copy of Death Certificate

**Designation Change** – Letter signed by both parties

- 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 from city or county in lieu of if not required by local government)
- Health Inspection Form (or letter from city or county 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 passed and completed.**

**Please Mail Completed Application and Fee to:**

Texas Funeral Service Commission  
333 Guadalupe St., 2-110  
Austin, Texas 78701



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F# \_\_\_\_\_  
For agency use ONLY

## NEW APPLICATION Commercial Embalming Facility

**\$462.00 Non-Refundable Application Fee**

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

Name of Facility \_\_\_\_\_

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

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

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

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

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

Email Address: \_\_\_\_\_

### **Please check all that apply:**

- New Establishment
- Name Change \*
- Ownership Change \* (Documentation Required: Bill of Sale, Death Certificate, Letter from both parties for Designation Change)
- Physical Location Change \*

\* Provide the name and license number of existing establishment for changes starred above so that the previous location can be closed:

\_\_\_\_\_

Is there a crematory associated with the establishment? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this establishment on tax exempt property? \*Yes \_\_\_\_\_ No \_\_\_\_\_

**\*If you answered yes, STOP! You may not proceed. Please refer to T.O.C. 651.351 (d)(2).**

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

- No
- Yes – Name: \_\_\_\_\_

**TYPE OF BUSINESS:**

- Sole owner Name: \_\_\_\_\_
- Partnership Names: \_\_\_\_\_
- 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 \_\_\_\_\_

**EMPLOYEE LISTING:**

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

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 Date

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 Texas Funeral Service Commission  
 333 Guadalupe St., 2-110  
 Austin, TX 78701



## APPOINTMENT OF EMBALMER IN CHARGE

**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

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

# 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 \_\_\_\_\_, 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.