

# Texas Funeral Service Commission

## Funeral Establishment Renewal

If this establishment has changed name or location, STOP! You may not renew this license. You MUST complete a NEW application for licensure. If this establishment 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 - \$1,058.00

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 \_\_\_\_\_

### FDIC

Name: \_\_\_\_\_ License #: \_\_\_\_\_

Does FDIC currently serve as FDIC 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 establishment been convicted of a felony? Yes \_\_\_ No \_\_\_
- 2. Within the last 12 months has any person associated with the establishment been convicted of a misdemeanor related to funeral directing/embalming? Yes\_\_\_ No \_\_\_
- 3. Within the last 12 months has the establishment and/or the FDIC 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.

---



---



---



---



---

**ESTABLISHMENT EXEMPTIONS**

- 1. Has the establishment been granted a preparation room exemption? Yes \_\_\_ No \_\_\_
- 2. Has the establishment been granted a records exemption? Yes \_\_\_ No \_\_\_ If Yes, please indicate where the records are stored.

---



---

As the owner or officer of the funeral establishment, I affirm the statements and information contained in this renewal 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 \_\_\_\_\_, known to me, 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 \_\_\_\_\_

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.