Texas Funeral Service Commission
Change of Ownership Amendment Guidelines for
Funeral Establishments & Commercial Embalming Facilities

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 can 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

________________________________________

Read all requirements and instructions carefully. Please attach the following documents with your amendment:
- Legal documents supporting sale of business or designation change
- If owner has passed away, a copy of Death Certificate
- FDIC 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, if necessary, by the TFSC inspectors.

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

333 Guadalupe St, Suite 2-110, Austin, Texas 78701
512-936-2474
Email: info@tfsc.texas.gov    Website: www.tfsc.texas.gov
Texas Funeral Service Commission
Change of Ownership Amendment

Name of Establishment____________________________________________

License Number____________________________________________________

Physical Address____________________________________________________

    (street) (city) (zip)

Mailing address (if different from above) __________________________________

Telephone Number __________________________ Fax Number _________________

Email Address ________________________________________________________

Change of ownership due to:

  ☐ Sale of business
  ☐ Death of owner (MUST SUBMIT Death Certificate)
  ☐ Designation Change (FROM: ___________________ TO: ___________________)

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

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

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

Establishment’s licensed personnel (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):

____________________________________________________________________________

____________________________________________________________________________

DATE OF LAST INSPECTION: ______________________________________________________

As the owner of the funeral 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 Funeral Director in Charge, and such Funeral
  Director in Charge shall be directly responsible for the funeral directing and embalming
  of the licensed 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 of Owner                      Date

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 __________________
Establishment Name                                          License Number

Street Address                                     City

Funeral Director in Charge               License Number                Expiration Date

Date Appointed

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

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

As the Funeral Director 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.

Funeral Director 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

Address:                  Toll Free:  (888) 667-4881                  Physical Address:
P. O. Box 12217                      Tel: (512) 936-2474                          333 Guadalupe Street
Capitol Station                        Fax: (512) 479-5064                               Suite 2-110
Austin, Texas  78711                             website: www.tfsc.state.tx.us                  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.