

# **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

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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.**

# 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 \_\_\_\_\_  
(Mandatory)

### Change of ownership due to:

- ☐ Sale of business (**Must submit Bill of Sale, or other legal documents**)
- ☐ 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):

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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.

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Signature of Owner

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Date



## TEXAS FUNERAL SERVICE COMMISSION

### APPOINTMENT OF FUNERAL DIRECTOR IN CHARGE

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Establishment Name	License Number
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Street Address	City	Zip
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Funeral Director in Charge	License Number	Expiration Date
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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 same ownership.**

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

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Funeral Director in Charge

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Establishment Owner

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333 Guadalupe St, Suite 2-110, Austin, Texas 78701  
512-936-2474

Email: [info@tfsc.texas.gov](mailto:info@tfsc.texas.gov) Website: [www.tfsc.texas.gov](http://www.tfsc.texas.gov)

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.