



Commercial Embalming Facility **Application Guidelines**

All applicants 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.

The Commission requires an application for a new funeral establishment license 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 and fees are received and processed AND all inspections have been passed and completed.

Please Mail Completed Application and Fee to:

Texas Funeral Service Commission
1801 Congress Ave, Suite 11-800
Austin, Texas 78701



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For agency use ONLY

NEW APPLICATION Commercial Embalming Facility

\$462.00 Non-Refundable Application Fee

Provide all required information. The Commission will return incomplete applications.

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: _____
(Includes: INC, LLC, LTD, etc)

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

Please Mail Completed Application and Fees to:
 Texas Funeral Service Commission
 1801 Congress Ave, Suite 11-800
 Austin, TX 78701



APPOINTMENT OF EMBALMER IN CHARGE

(For Commercial Embalming Facilities Only)

Provide all required information. The Commission will return incomplete applications.

Establishment Name _____

Establishment License Number _____

Email Address _____

Address _____

City _____ State _____ Zip _____

EIC Name _____

EIC License # _____ Expiration Date _____

Date Appointed _____ (Will be the date the license is issued)

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 # |
|-----------------------|-------------|-------------------------|
|-----------------------|-------------|-------------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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 Date

Establishment Owner Signature Date



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 _____,
Name of Corporation

the owner of _____,
Name of Commercial Embalming Facility

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.

