



## Crematory Application Guidelines

All applicants applying for a new crematory license must comply with Texas Occupations Code Section 651.657, Crematory Establishment License Application and Texas Administrative Code Section 205.3, Crematory License Requirement and Procedure, by supplying all the required documentation, including the Health and Fire Inspections.

An application for a crematory license is required for the following situations:

- New Crematory
- Name Change of Existing Crematory
- Ownership Change of Existing Crematory (May choose to do an Ownership Amendment instead)  
**NOTE: Associated funeral home/commercial embalming facility must also change ownership**  
**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 Crematory

Read all requirements and instructions carefully. Please attach the following documents with your application:

- Licensing Fee of \$462.00
- Compliance Forms
  - General Price List
  - Authorization to Cremate 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)
- TCEQ Air Quality Control Permit
- Certified Operator Affidavit
- 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 crematory 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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F# \_\_\_\_\_  
For agency use ONLY

# NEW APPLICATION Crematory

\$462.00 Non-Refundable Application Fee

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

Name of Crematory \_\_\_\_\_

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 this crematory on tax exempt property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is this crematory on/adjacent to a perpetual care cemetery? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Cemetery \_\_\_\_\_

Is this crematory on/adjacent to a funeral establishment? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is this crematory on/adjacent to a commercial embalming facility? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is there a crematory 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 officeholders/shareholders with more than 25 percent interest of the corporation (attach additional sheet if necessary).

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_

**EMPLOYEE LISTING:**

Certified personnel employed and active in this crematory (attach additional sheet if necessary):

Name \_\_\_\_\_ Certification # \_\_\_\_\_  
 Name \_\_\_\_\_ Certification # \_\_\_\_\_  
 Name \_\_\_\_\_ Certification # \_\_\_\_\_

Non-certified personnel actively employed in this crematory (attach additional sheet if necessary):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tex. Occ. Code 651.657(b)(3) requires the application to include a statement from each individual listed as an owner or partner detailing the individual's business experience from the past 10 years, any felony or misdemeanor conviction of the individual; any involvement of the individual as a defendant in a civil action involving allegations of fraud; and a suspension by this state or any other state of any license related to funeral directing or the operation of a cemetery or crematory. Please include the required information as an addendum to the application.

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 As the owner or primary officer of the crematory:

- I hereby consent to reasonable inspection of this crematory 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 Certified Owner/Operator, and such Certified Owner/Operator shall be directly responsible for all operations of the licensed crematory. 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, Suite 11-800  
 Austin, TX 78701



## **CERTIFIED OPERATOR Affidavit**

Name: \_\_\_\_\_

Certification # \_\_\_\_\_

I am the Certified Owner/Operator and responsible for the legal and ethical operation of this crematory. I understand that I may be served with administrative process when violations are alleged to have been committed by the crematory or an employee of the crematory. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness of the information contained in this application.

\_\_\_\_\_  
Certified Owner/Operator Signature

\_\_\_\_\_  
Date

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

Texas Funeral Service Commission  
1801 Congress Ave, Suite 11-800  
Austin, TX 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.**

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### FRANCHISE TAX CERTIFICATION

I hereby certify that \_\_\_\_\_,  
Name of Corporation

the owner of \_\_\_\_\_,  
Name of Crematory

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.