



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
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LICENSE APPLICATION FOR CREMATORIUM

1. Owner/Operator of Facility: _____
Use additional sheets for multiple owners or multiple operators.
2. Name of Facility: _____
3. Facility Location: Street _____ Town/City: _____
4. Owner/Operator Mailing Address: _____
Town/City _____ State _____ ZIP Code _____
Telephone: _____ E-mail: _____
5. This application is for a proposed crematorium an existing crematorium.
6. Cremation Retort Specifications: Enclose as **Exhibit A** manufacturer's specifications for the make and model of cremation retort(s) proposed.
Number of cremation retorts proposed: _____
7. Water Supply: Municipal System Private Well
8. Wastewater Disposal: Municipal Sewer Private Septic System
9. Bodily Fluids Disposal: Will bodily fluids from human remains be collected on the premises?
 Yes No If yes, how will such bodily fluids be disposed? _____
10. Associated Cemetery: Is the crematorium associated with a cemetery? Yes No
Name of associated cemetery, if yes: _____
Size of associated cemetery, in acres: _____
Length of operation of associated cemetery: _____ years _____ months

11. Storage of Human Remains: How will human remains be stored at the proposed facility prior to cremation?

12. Facility Plans: Submit as **Exhibit B**, a plan or plans showing the layout of rooms, storage areas, equipment, plumbing, and other features of the proposed facility, prepared an engineer, architect, or other knowledgeable professional.

13. Right, Title, or Interest: Submit as **Exhibit C**, a copy of a deed, lease, contract of sale, or letter of interest establishing right, title, or interest to the property upon which the proposed facility is to be located.

14. History: Submit as **Exhibit D**, a detailed written statement for each of the individuals listed item #1 above, providing (1) their business experience for the last ten years immediately preceding the application; (2) any felony or misdemeanor convictions or involvement in civil litigation in which fraud was an essential element of the crime or complaint; and (3) any information about a loss or suspension of any license, in Maine or any other state, related to the practice of funeral services, or operation of a cemetery or crematorium.

Please complete this application form and deliver it to the Division of Environmental Health, along with Exhibits A, B, C, and D and a \$200.00 review fee in the form of a check or money order made payable to "Treasurer, State of Maine".

I, _____, state that the information submitted
(Applicant, print name)
is correct to the best of my knowledge and understand that any falsification is reason for the Department to deny the project.

SIGNATURE: _____ DATE: _____