

STATE OF MAINE

BOARD OF FUNERAL SERVICE

APPLICATION FOR LICENSURE

- FUNERAL ESTABLISHMENT
- FUNERAL ESTABLISHMENT BRANCH



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

This application contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Guide for Licensure
- Establishment/Branch Application
- Self-Inspection form

ADDITIONAL RESOURCES

- Licensing Law for the Maine Board of Funeral Service

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch21sec0.html> or call (207) 624-8626

- Licensing Rules for the Maine Board of Funeral Service

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/pfr/professionallicensing/professions/funeral/index.htm> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with Office of Professional and Occupational Regulation Rules, Chapters 10, 11 and 13, throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

NEW FUNERAL ESTABLISHMENT

A funeral establishment means every place or premises devoted to or used in the care and preparation for the funeral and burial of human remains or maintained for the convenience of the bereaved for viewing or other services in connection with the human remains or as the officer or place for carrying on the profession of funeral service.

Every funeral establishment and every branch thereof must be licensed with the Board by a licensee in charge.

All applications for licensure of funeral establishments must include the following:

- A completed and signed Application;
- Payment of a Registration Fee of \$230.00; and
- Completed Self Inspection Form.

Upon review and approval of the application, a license will be issued for the Funeral Establishment. This license must be displayed in public view at the establishment.

NEW FUNERAL ESTABLISHMENT BRANCH

A funeral establishment branch means a chapel, sales office or other facility utilized by a funeral establishment for any aspect of the practice of funeral service whether or not the embalming or preparation of human remains takes place on the premises.

Every funeral establishment and every branch thereof must be licensed with the board by a licensee in charge.

All applications for licensure of funeral establishment branch must include the following:

- A completed and signed Application;
- Payment of a Registration Fee of \$230.00; and
- Completed Self Inspection Form.

Upon review and approval of the application, a license will be issued for the Funeral Establishment Branch. This license must be displayed in public view at the branch.

CHANGE OF OWNERSHIP – FUNERAL ESTABLISHMENT OR BRANCH

All applications for a change of ownership of funeral establishment or branch must include the following:

- A completed and signed Application;
- Payment of a Registration Fee of \$230.00;
- Documented proof that the funeral establishment has given the notices as required by Chapter 16, Section 9 of the Board's Rules; and
- Completed Self Inspection Form.

Upon review and approval of the application, a license will be issued for the Funeral Establishment Branch. This license must be displayed in public view at the branch.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION**

APPLICANT INFORMATION (please print)

OWNER OF ESTABLISHMENT:

FULL LEGAL NAME(DBA NAME):

FEIN OR SSN

PHYSICAL ADDRESS

CITY STATE ZIP CODE COUNTY

MAILING ADDRESS

CITY STATE ZIP CODE COUNTY

PHONE () FAX () E-MAIL

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE

DATE

Board of Funeral Service

Required Fee: \$230

Office Use Only:

1421 - \$230.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

Please Select Type:

- New Funeral Establishment (HO1421)
- Change of Ownership (HO1421)
- New Funeral Branch (HO1421)

Rev. 2/2012

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by MasterCard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Dept. of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD the following amount: \$_____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

SIGNATURE

DATE

Establishment Information

Licensee in Charge:

License Number:

Is this a Name Change or Change in Ownership? Yes No

If yes: Name & License Number of Previous Establishment:

Funeral Branch Information

Licensee in Charge:

License Number:

Name of Main Establishment:

License Number:

Street Address of Main Establishment:

City:

State:

Zip Code:

Physical Location of Main Establishment (if different than above mailing address):

Is this a Name Change or Change in Ownership? Yes No

If yes: Name & License Number of Previous Establishment:



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Funeral Service
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

New Funeral Establishment/Branch Self Inspection

Please refer to the Board rules for more information

Every funeral establishment and every branch thereof must be licensed with the Board of Funeral Service by a licensee in charge. A funeral establishment or branch thereof may not operate unless the funeral establishment or branch is licensed with the board. The licensee in charge is responsible for the establishment's or branch's compliance with the funeral laws and rules of the Board. A funeral establishment or branch thereof may not operate without a licensee in charge.

This form must be completed by the Funeral Practitioner in charge (Licensee in charge) and who must affirm that the funeral establishment or branch named on this form is in compliance with Board Laws & Rules regarding the requirements for funeral establishments.

Please complete the following self-inspection check list:

_____ **FUNERAL ESTABLISHMENT**

_____ **FUNERAL BRANCH**

Name of Establishment: _____

Responsible Practitioner/Licensee in charge: _____

Responsible Owner/Location of Manager: _____

Contact/ mailing address: _____

Physical location: _____

Telephone number: _____



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

(888) 577-6690 (HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637

1. Preparation or Embalming Room – must include, but not limited to, the following:

- Operating Table(s);
- Morgue table which is covered with an impervious material;
- Hot and cold running water;
- Flush or slop sink connected to a public sewerage system or a septic tank;
- Covered waste container;
- First aid emergency kit;
- Heavy latex (or hypo-allergenic) gloves;
- Necessary instruments and apparatus for the embalming process;
- Instrument sterilizer;
- Walls constructed of, or covered with, impervious material which extend from floor to ceiling;
- Floor of cement, tile, or composition and which extends from wall to wall;
- Necessary antiseptics and disinfectants;
- Clean gowns or aprons;
- Ventilation system;
- Protection of Potable Water system(Backflow or Backsiphonage systems);
- Signage – including but not limited to restrictions on entry into preparation room.

2. Biomedical Wastes

- This Funeral Establishment complies with Chapter 900 of the rules of the Department of Environmental Protection, 06-096, entitled “Biomedical Waste Management Rules”.

3. Administrative Disclosures

- At-Need-Disclosure statement
- General Price List
- Casket Price List
- Outer Burial Container Price List
- Mortuary Trust Agreement
- Statement of Funeral Goods & Services selected

4. Mortuary Trusts

- Mortuary Trust Agreements (Credit for Service/Guaranteed Price/Life Insurance);
- Substantial Conformance to Forms;
- Minimum Type Set (12 point size);
- Fee Disclosure;
- Inspection of records (Financial Reports/Contracts/Copies of checks)
- Fee Disclosure;
- Inspection of records (Financial Reports/Contracts/Copies of checks)

By signing this self inspection checklist I, the licensee in charge, certify I have completed and verified all items checked on this checklist and affirm that the funeral establishment or branch is in compliance with applicable State Laws and Rules, and Federal Laws and Rules, governing the practice of funeral service and is suitable for operation as a funeral establishment or branch. By submitting this completed form, I understand that the Maine Board of Funeral Service will rely upon this information for issuance of the funeral establishment or branch license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of the funeral establishment or branch license and/or my license, if this information is found to be false.

Signature of Licensee in Charge

Date

I accept full responsibility for the operation of this establishment in accordance with Board Law and Rules, and I understand that until the Office of Professional and Occupational Regulation conducts an inspection, I will be individually responsible for the lawful activity of this establishment. I understand that this establishment will remain conditionally licensed until this Office has had the opportunity to conduct its inspection.

Signature of Licensee in Charge

Date