

STATE OF MAINE  
BOARD OF FUNERAL SERVICE  
APPLICATION FOR LICENSURE

- FUNERAL ESTABLISHMENT



Department of Professional and Financial Regulation  
Office of Licensing and Registration  
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](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Funeral Service is enclosed. It 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
- Company Application

### **ADDITIONAL RESOURCES**

- Licensing Law for Funeral Practitioners

**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 Funeral Practitioners

**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/sos/cec/rules/02/chaps02.htm#331> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

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. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- 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 Licensing & Registration's website: <http://www.maine.gov/pfr/professionallicensing>. We appreciate your thoughtful attention to this request.

## **FUNERAL ESTABLISHMENT**

A funeral establishment means a place or premise licensed by the Board of Funeral Service devoted to the care and preparation of human remains for the purpose of funeral ceremonies and final disposition. The facility shall be maintained for the convenience of the bereaved family for viewing or other services in connection with the deceased.

All funeral establishments and branches must be operated by a person or persons holding a funeral director's licenses, which was initially issued before January 1, 1989, or a practitioner of funeral service license.

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

- Completed Application; and
- Payment of a \$200.00 registration fee.

Upon satisfactory inspection of your establishment and upon review and approval of application by the Board, a registration will be issued for the Funeral Establishment. This registration must be displayed in public view at the establishment.

### 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](http://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 Licensing and Registration 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 LICENSING AND REGISTRATION  
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 Licensing and Registration 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: \$200**

**Office Use Only:**

1421 - \$200.00

*Office Use Only:*

Check # \_\_\_\_\_

Amount: \_\_\_\_\_

Cash # \_\_\_\_\_

Lic. # \_\_\_\_\_

**Please Select Type:**

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

Rev. 11/2008

**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 Licensing and Registration to charge my  
 VISA  MASTERCARD the following amount: \$ \_\_\_\_\_

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

**SIGNATURE**

**DATE**

**ESTABLISHMENT INFORMATION**

Responsible Practitioner: \_\_\_\_\_ License number: \_\_\_\_\_

If Branch, Name of Main Establishment: \_\_\_\_\_

Address of Main Establishment: \_\_\_\_\_

License Number of Main Establishment: \_\_\_\_\_

If name change or change of ownership, what name was establishment previously licensed under?

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

