



State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation

COMPANY LICENSE APPLICATION

APPLICANT INFORMATION (please print)			
OWNER OF ESTABLISHMENT:			
FULL LEGAL NAME (DBA NAME):			
FEIN OR SSN:			
PHYSICAL ADDRESS:			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	

Board of Funeral Service
Required Fee: \$230.00

LICENSE TYPE:

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

REV 03282022

Office Use Only:
1421 - \$230.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – if you wish to pay by credit or debit card, fill out the following:

NAME OF CARDHOLDER (please print)	
ADDRESS OF CARDHOLDER (please print)	
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my card the following amount: \$ _____ <input checked="" type="checkbox"/> I understand that fees are non-refundable	
Card number:	Expiration Date /
SIGNATURE	DATE

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 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes.
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.

What if I have other questions? Visit our website at: <https://www.maine.gov/pfr/professionallicensing/professions/board-funeral-services> or contact the office at Tel. 207-624-8603 or e-mail: funeral.board@maine.gov

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 & 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
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

Establishment Information

Printed name of 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

Printed name of 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:

Licensed Personnel

Please list the names and license numbers of persons employed at the establishment or branch

Name	License Number

Affirmation

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 (LICENSEE IN CHARGE): _____

DATE: _____

Please read the laws governing the licensure and practice of funeral service prior to submitting the application. These are available at the following website:

<https://www.maine.gov/pfr/professionallicensing/professions/board-funeral-services/home/laws-rules>

Licensure of a Funeral Establishment or Branch

New Funeral Establishment or Branch:

- Completed Application;
- Payment of \$230.00 license fee;
- Completed Self-Inspection Form (see Self-Inspection Form on pages 6-8)

Change of Ownership - Funeral Establishment or Branch:

- Completed Application;
- Payment of \$230.00 license fee;
- 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 (see Self-Inspection Form on pages 6-8)



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

Janet T Mills
 Governor

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/mailling address: _____

Physical location: _____

Telephone number: _____

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