

**FUNERAL DIRECTOR IN CHARGE TRANSFER APPLICATION FOR A
KANSAS FUNERAL ESTABLISHMENT LICENSE**

ROSTER APPLICATION

COMPLETE AND RETURN ALONG WITH A \$15.00 DUPLICATE LICENSE FEE WHEN APPLYING TO CHANGE THE FUNERAL DIRECTOR IN CHARGE OF A FUNERAL ESTABLISHMENT LICENSE:

Name of Establishment (doing business)as you want it to appear on the license:

Street Address: _____ County: _____

City: _____ State: **KANSAS** Zip+4: _____ - _____

Mailing Address (if different than street address): _____

Telephone Number: (_____) _____ FAX Number: (_____) _____

Email address: _____ Home/Web page address: _____

FORM OF BUSINESS Please check one:

*Corporation ___ *Limited Partnership ___ *Limited Liability Company ___ Proprietorship ___ Partnership ___

If CORPORATION, LIMITED PARTNERSHIP or LLC is checked above, write the name as registered with the Secretary of State's Office here:

PLEASE NOTE: All limited partnerships & corporations must be duly registered with the Secretary of State and Registrar of Deeds for the appropriate county.

Any affiliation with a national corporation/company? ___ Yes ___ No

If yes, list national corporation/company name: _____

If Proprietorship or Partnership, list all owners here OR if corporation, List all Owners or Corporate Officers with their appropriate titles (send attached list if necessary):

List all Branch Establishment licenses held under this Establishment License:

Effective Date:

PLEASE LIST ALL LICENSED PERSONNEL EMPLOYED BY THIS ESTABLISHMENT--Continued on the back side of this page:

NAMES--Please list the funeral director in charge (FDIC) in the first line:	FUNERAL DIRECTOR NUMBER	ASSISTANT FUNERAL DIRECTOR NUMBER	EMBALMER NUMBER
FDIC here:			

NAMES (continued)	FUNERAL DIRECTOR NUMBER	ASSISTANT FUNERAL DIRECTOR NUMBER	EMBALMER NUMBER

This application is to be used when a change in the funeral director in charge of a funeral establishment will take place. Funeral establishment licenses are issued to funeral directors. Please indicate that you will be the funeral director in charge of this funeral establishment by signing and dating below:

Signature of Funeral Director in Charge

County where signed

Name (print) of Funeral Director in Charge

Today's date

FOR OFFICE USE ONLY

Date Application Received: _____

Date License Mailed: _____

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****Revised January 2020****