

INITIAL Roster Application for a Kansas Establishment License

Complete and submit when applying for an establishment license.
INCOMPLETE FORMS WILL RESULT IN DELAY OF PROCESSING THE APPLICATION

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

_____ County: _____

Street Address: _____ City: _____ State: KS Zip+4: _____

Mailing Address: _____ City: _____ State: KS Zip+4: _____
(If different then street address)

Phone: (_____) _____ Fax: (_____) _____

Webpage: _____ E-mail: _____

FORM OF BUSINESS check one:

*Corporation ___ *Limited Partnership ___ *Limited Liability Company (LLC) ___ Proprietorship ___ Partnership ___

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

***If corporation, limited partnership or LLC checked above, then write the name as registered with the Secretary of State's Office here:**

Affiliated with a national corporation/company? Yes ___ No ___ If yes, list national corporation/company name below:

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

List all BRANCH Establishment licenses held under this Establishment License:

EFFECTIVE DATE: _____

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: | | | |
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| NAMES (continued) | FUNERAL DIRECTOR NUMBER | ASSISTANT FUNERAL DIRECTOR NUMBER | EMBALMER NUMBER |
|-------------------|-------------------------|-----------------------------------|-----------------|
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ALL FEES PAID ARE NON-REFUNDABLE

Change of ownership, name or location requires a new license. Such application must be made 30 days prior to issuance on forms designated by the Kansas State Board of Mortuary Arts, 700 SW Jackson St., Suite #904, Topeka, Kansas 66603-3733. New facilities must pass inspection before licensure can be granted.

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: _____
License Number Issued: _____
Date License Issued: _____
Date License and Receipt Mailed: _____
New facility _____ **ownership change** _____

Kansas State Board of Mortuary Arts
700 SW Jackson Street, Suite 904
Topeka, KS 66603-3733
phone: (785) 296-3980
fax: (785) 296-0891
Office email: boma1@ks.gov
Web site: <http://ksbma.ks.gov>
****Revised April 2016**