

# INITIAL Roster Application for a Kansas BRANCH Establishment License

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

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

\_\_\_\_\_ County: \_\_\_\_\_

Branch Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: KS Zip+4: \_\_\_\_\_

Branch Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: KS Zip+4: \_\_\_\_\_  
*(If different then street address)*

Branch Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Branch Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Branch Webpage: \_\_\_\_\_ Branch E-mail: \_\_\_\_\_

**Main Establishment Name:** \_\_\_\_\_ **Main Establishment City:** \_\_\_\_\_

**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:**

\_\_\_\_\_

\_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

LIST ALL LICENSED PERSONNEL EMPLOYED BY THIS BRANCH 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
<b>FDIC here:</b>			

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

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

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**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

License Number Issued: BE-\_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date License and Receipt Mailed: \_\_\_\_\_

New facility \_\_\_\_\_ ownership change \_\_\_\_\_

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**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\*\*