

## Renewal Roster for a Kansas Branch Establishment

**Complete and submit with the enclosed licensure bill (signed), a completed Reporting of Prefinanced Funeral Agreements, and the fees indicated on the renewal bill. *Please note that all fees are non-refundable.***

Branch Establishment Name: \_\_\_\_\_ County: \_\_\_\_\_  
*(doing business as)*

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: \_\_\_\_\_ **FDIC E-mail:** \_\_\_\_\_

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

**Pertaining to ownership please check one:**

Corporation \_\_\_ Limited Partnership \_\_\_ Proprietorship \_\_\_ Partnership \_\_\_ Limited Liability Company (LLC) \_\_\_

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:**

**If Proprietorship or Partnership List all Owners here or If Corporation list Corporate Officers with their appropriate titles:**

\_\_\_\_\_

\_\_\_\_\_

**If yes, list national corporation/company name:** \_\_\_\_\_

**List the Main Funeral Establishment name and city:**

\_\_\_\_\_

PLEASE 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
FDIC:			

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

**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

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**FOR OFFICE USE ONLY**

**Date Application Received:** \_\_\_\_\_  
**License Number Issued:** BE- \_\_\_\_\_  
**Date License Issued:** \_\_\_\_\_  
**Date License and Receipt Mailed:** \_\_\_\_\_

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**Kansas State Board of Mortuary Arts**  
**700 SW Jackson, Suite 904**  
**Topeka, KS 66603-3733**  
**phone: (785) 296-3980**  
**fax: (785) 296-0891**  
**email: [boma1@ks.gov](mailto:boma1@ks.gov)**  
**Web site: [www.ksbma.ks.gov](http://www.ksbma.ks.gov)**

\*\*\*\*Revised July 6, 2006\*\*\*\*