

**RENEWAL APPLICATION FOR KANSAS FUNERAL ESTABLISHMENT LICENSE**

**ROSTER APPLICATION**

**COMPLETE AND RETURN WHEN RENEWING A FUNERAL ESTABLISHMENT LICENSE:**

Name of Establishment (doing business as)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: <http://www.> \_\_\_\_\_

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

**Please check one:**

Corporation  Limited Partnership  Proprietorship  Partnership  Limited Liability Company

**If applicable, list the name as registered with the Secretary of State's Office:**

\_\_\_\_\_

**List all Owners or Corporate Officers with their appropriate titles:**

\_\_\_\_\_

Any affiliation with a national corporation/company?  Yes  No

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

**List all Branch Establishment licenses held under this Establishment License:**

\_\_\_\_\_

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

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

**FOR OFFICE USE ONLY**

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

License Number Issued: \_\_\_\_\_

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

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

**Kansas State Board of Mortuary Arts**  
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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\*\*\*\*