

Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
 Telephone: 402-471-4918
 E-mail: dhhs.licensure2117@nebraska.gov

**Branch or Funeral Establishment
 Change of Manager, Name, Owner or
 Adding a Preparation Room**

SECTION A: ESTABLISHMENT INFORMATION

1	Establishment Name:			
2	Establishment Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Telephone Number:			

Branch Establishment:

<input type="checkbox"/>	Check this box if changing to a Branch Establishment	Name of the Affiliated Funeral Establishment:	License #:
<p>NOTE: A branch establishment CANNOT provide embalming services AND must have an affiliated Establishment</p>			

SECTION B: OWNER INFORMATION

1	Owner Name:									
2	Address of the Owner of the Business	Street/PO/Route:								
		City:	State:	Zip:						
3	Business Phone #: (optional)	Business Fax # (optional)	Owner/Business E-Mail Address: (optional)							
4	Name of each Person in Control of the Business (if space is not adequate, attach additional sheet)									
<p>Indicate the type of owner of this business:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Sole proprietorship</td> <td><input type="checkbox"/> Limited liability company that has more than one member or a corporation</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Governmental unit</td> </tr> <tr> <td><input type="checkbox"/> Limited 1 liability company that has only one member</td> <td><input type="checkbox"/> Other: Identify Type _____</td> </tr> </table>					<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Limited liability company that has more than one member or a corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Governmental unit	<input type="checkbox"/> Limited 1 liability company that has only one member	<input type="checkbox"/> Other: Identify Type _____
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Limited liability company that has more than one member or a corporation									
<input type="checkbox"/> Partnership	<input type="checkbox"/> Governmental unit									
<input type="checkbox"/> Limited 1 liability company that has only one member	<input type="checkbox"/> Other: Identify Type _____									
5	If you are a sole proprietorship (sole owner) , identify the social security number of the owner (this is REQUIRED INFORMATION)			SS #:						
<p><small>Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.</small></p>										
6	Federal Identification Number (FIN) (in the event a refund is warranted)			FIN#:						

SECTION C: APPLICATION CATEGORY/FEE **Make Payable to 'Licensure Unit'**

MANAGER CHANGE - FEE: \$10

Change of Manager of Establishment

You must apply to the Department for and obtain another license at least 15 days prior to the change in manager and submit the required fee.

Change of Manager due to death of current manager

In the event of an immediate termination of a manager or in the event of the death of the manager, the application for a change in manager must be submitted to the Department within 5 days following notification of termination or death of the manager. During this period of time, the establishment may operate as long as a licensed funeral director and embalmer is providing funeral directing and embalming services in accordance with the Funeral Directing and Embalming Practice Act and Rules and Regulations 172 NAC 67 and 172 NAC 68. Such exception terminates after the 5-day period.

Name of Previous Manager:	
Name of New Manager:	
New Manager Funeral Directing License # OR Funeral Directing and Embalming License #:	
Date of Change :	

NAME CHANGE - FEE: \$10

Change in Establishment Name: You must apply to the Department for and obtain another license at least 30 days prior to the change in name and submit the required fee.

Previous Establishment Name:	
New Establishment Name:	
Date of Change :	

OWNER CHANGE - FEE: \$10

Change in Owner: You must apply to the Department for and obtain another license at least 15 days prior to the change in owner and submit the required fee.

Previous Owner Name:	
New Owner Name:	
Date of Change :	

ADDING A PREPARATION ROOM - FEE: \$0

Change in Services Provided - Adding a Preparation Room: For establishments that have been licensed without a preparation room and wish to add a preparation room for the care and preparation of a dead human bodies for burial, disposition or cremation, you must:

- a. Notify the Department of the establishment's intent to have a preparation room; and
- b. Have received a successful inspection rating within 30 days of the anticipated change in services.

Complete SECTION D ONLY if there is a CHANGE in MANAGER

SECTION D: MANAGER INFORMATION
Establishment Manager Responsibilities: The designated manager is responsible for all transactions conducted at the establishment, in compliance with the statutes, rules and regulations relating to funeral directing and embalming and establishments.

1	Manager Name:		Manager's License #:
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MANAGER CONVICTION INFORMATION: The manager must list ALL misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

- | The following provides SOME examples of convictions; this is NOT a complete list | |
|--|---|
| <ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at: <http://dhhs.ne.gov/pages/Investigations.aspx> or by phone 402-471-0175.

MANAGER LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, EMT, massage, etc.) in a state **other** than Nebraska. **You must submit verification of your license completed by the licensing agency in each State(s) in which you are licensed.**

1	Have you ever been denied the right to take a license examination?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.				

SECTION E: OPERATION PRIOR TO LICENSE

If you operate this establishment prior to being issued a license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you operated this business at this address in Nebraska prior to the application for a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you operated at this address in Nebraska:	# of days:

SECTION F: ATTESTATION

If the applicant **is a sole owner** for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

(check only **ONE** of the boxes below)

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Signature of Owner

Date _____

If the owner **is NOT a sole owner**, the application must be signed by the individual(s) indicated below (place a check mark in the appropriate box) and dated:

1. The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member;
2. Two of its members if the applicant is a limited liability company that has more than one member;
3. Two of its officers if the applicant is a corporation;
4. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

I hereby state that I am the person(s) making application, I am of good character, and the statements on this application are true and complete.

Signature of Owner/Representative

date _____

Signature of Owner/Representative

date _____

License Not Transferable: An establishment license is issued only for the name, owner and manager named in the application and is not transferable or assignable.