

Licensure Unit
 PO Box 94986 - Lincoln, NE 68509-4986
 Telephone: (402) 471-2117
 E-Mail: dhhs.licensure2117@nebraska.gov

FUNERAL ESTABLISHMENT OR BRANCH RENEWAL NOTICE – EXPIRES 2.1.2024

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

YOUR LICENSE TO OPERATE A FUNERAL ESTABLISHMENT or BRANCH ESTABLISHMENT EXPIRES 2/1/2024.

FEE NOW DUE: \$250.00 funeral establishment OR \$75.00 branch establishment **LICENSE #:** _____

License #:	
Name:	
Owner Name:	
Manager Name:	
Address:	
City/State/Zip:	

EXPIRATION & ADMINISTRATIVE PENALTY: If this renewal notice and the renewal fee are not submitted in person or **POSTMARKED** on or before **February 1, 2024**, YOUR ESTABLISHMENT LICENSE **WILL EXPIRE**. If your license EXPIRES, you are not authorized to continue to operate and you will be required to submit a new application, fee and a completed inspection must occur before you can operate at this location.

NOTICE: An individual who operates an establishment after the expiration of the establishment license is subject to an administrative penalty of \$10 per day up to \$1,000 or such other action as provided in the statutes and regulations governing the license.

Make fee payable to: 'Licensure Unit'
PLEASE RETURN THIS NOTICE WITH YOUR FEE

Establishment Information: You must complete the following:

Telephone #:
Address/Owner or Type of Establishment Changed: If the owner has changed or you have moved to a different address or wish to change your establishment to a branch establishment, you cannot renew this license . A new application, fee, and a completed inspection must occur before we can issue you a new license to operate at the new location. You can download an application at: https://dhhs.ne.gov/licensure/Documents/FuneralEstabInitialApp.pdf

Establishment Closed: If you have closed your establishment or plan to close your establishment in the near future, print the date of closing. (Our records will be updated accordingly) A renewal fee is not required to close an establishment if it occurs before 2/1/2024. **Date closed/closing:** _____

MANAGER ATTESTATION: (The Licensed Funeral/Branch Establishment Manager must complete this attestation)

I attest that I am the person making this renewal application and the statements on this application are true and complete.

Establishment Manager's Signature

Date

*E-mail Address (optional)

*If you provide us with this information, we may be able to resolve any problem with your renewal more quickly.

Sole Proprietorship - Attestation: (Sole Owner must complete this attestation)

I am a sole proprietorship and attest that I am the person making this renewal application and the statements on this application are true and complete. **If the applicant is a sole proprietorship** for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

I am a **citizen** of the United States.

OR

I am a **qualified alien** under the Federal Immigration and Nationality Act (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

I am a **nonimmigrant lawfully** present in the United States. (i.e.: permanent resident (green) card, I-94 document, asylum, etc.)

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

NOTE: You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005. (i.e.: DACA, pending asylum, pending refugee, etc.)

I hereby 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.

Social Security Number:

If you are the sole owner of the establishment, you must list your Social Security Number: _____

Signature of Applicant _____ date _____

OR

Partnership, Company, Corporation, or Governmental Unit - Attestation: (this attestation must be completed)

I attest that I am the person making this renewal application and the statements on this application are true and complete. The application must be signed by (place a check mark in the appropriate box below) and dated:

1. The owners if the applicant is a partnership or the owner if the applicant is 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.

Signature _____ date _____

Signature _____ date _____

**We NO LONGER send the paper renewal license card.
To PRINT YOUR RENEWAL CARD, go to:**

dhhs.ne.gov/lookup