

SECTION C – APPLICATION CATEGORY

Make Payable to ‘Licensure Unit’

MANAGER CHANGE - FEE: \$10

Change of Manager of Establishment

The applicant 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 for a reissued license.

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: The applicant 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 for a reissued license

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

OWNER CHANGE - FEE: \$10

Change in Owner: The applicant 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 for a reissued license.

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, the applicant 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 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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CONVICTION AND LICENSURE INFORMATION - relates to the manager:

Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

NOTE: If you have any criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days <http://www.dhhs.ne.gov/reg/investi.htm> or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

Conviction Information – relates to the manager:

#	Question	Yes	No	Type of Conviction or Licensure Action	Date of Action	Name of Court/Entity Taking action
2	Have you EVER been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you **answered YES**, you must submit the following documents:

- a) The court record, which includes charges and disposition;
- b) Arrest records;
- c) A letter from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions the applicant has taken to address the behaviors/actions related to the convictions;
- d) All addiction/mental health evaluations and proof of any treatment obtained; and
- e) A letter from the probation officer addressing probationary conditions and current status if the applicant is currently on probation;

Licensure Information – relates to the manager:

The following questions relate to a credential that you (the manager) hold or have held in health services, health-related services or environmental services in another jurisdiction.

		Yes	No			
3	Are you licensed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you licensed in?	What type of license do you hold?	
3a	If yes, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		

If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.

SECTION E - TYPES OF SERVICES TO BE PROVIDED BY ESTABLISHMENT (Check all services to be provided)	
<input type="checkbox"/>	Funeral Services
<input type="checkbox"/>	Funeral Arrangements
<input type="checkbox"/>	Embalming of Dead Human Bodies

SECTION F - ATTESTATION													
An individual who operates a business prior to issuance of a credential is 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.													
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. I further state:													
1	<table border="0"> <tr> <td>Have you continued to operate this establishment after a change of ownership and prior to submitting this application for a license?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Have you continued to operate this establishment without a manager prior to submitting this application for a license?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Have you continued to operate this establishment after you changed the manager prior to submitting this application for a license?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> N/A</td> </tr> </table>	Have you continued to operate this establishment after a change of ownership and prior to submitting this application for a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Have you continued to operate this establishment without a manager prior to submitting this application for a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Have you continued to operate this establishment after you changed the manager prior to submitting this application for a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you continued to operate this establishment after a change of ownership and prior to submitting this application for a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A										
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Have you continued to operate this establishment after you changed the manager prior to submitting this application for a license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A										
2	If yes, what are the actual number of days you operated at this address in Nebraska: # of days:												

Sole Proprietorship: 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.
- I am a qualified alien under the Federal Immigration and Nationality Act.
My immigration and alien number are as follows: _____ and I agree to attach a copy of my USCIS documentation, which includes one of the following:
- Alien Registration Receipt Card (Form I-551, otherwise known as a 'Green Card');
 - Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - Alien Registration Number (A#); or
 - Form I-94 (Arrival-Departure Record).

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

Signature: 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 1 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 of Owner/Representative as listed above

Date

Signature of Owner/Representative as listed above

Date

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

Funeral establishments may be licensed for one or a combination of the following services:

1. The care and preparation of dead human bodies for burial, disposition, or cremation;
2. Conducting funeral services for dead human bodies; or
3. Arranging funeral services for dead human bodies.

Branch establishments may be licensed if they are a subsidiary of a licensed funeral establishment and must include an area where any portion of the funeral service or arrangements for the disposition of a dead human body is conducted and must include at least one or a combination of the following rooms/areas:

1. A casket display room; or
2. A viewing area; or
3. An area for conducting funeral services.

A branch establishment does not include embalming services.