



CREMATORY LICENSE APPLICATION

STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Public Health – Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
 402-471-4918 rita.watson@nebraska.gov

10/2014

SECTION A CREMATORY INFORMATION (All applicants must complete this section)

1.	Crematory Name:	Name:				
		If this is a change of Name, please identify the previous Name of the crematory below:				
2.	Crematory Address:	Street/PO/Route:				
		City:	State:	Zip:		
		If this is a change of Location, please identify the previous location of the crematory below:				
		Street/PO/Route:				
3.	Business Phone #: (optional)		Business Fax # (optional)		Owner/Business E-Mail Address: (optional)	
		Date Crematory will Begin operating:				

Licensing Fees

1. \$300 for an Initial License.
2. \$75 for a change in location.
3. \$10 for a change in name.
4. \$10 for a change in crematory authority.

69-004.02 License Not Transferable: A license is issued only for the premises and persons named in the application and is not transferable or assignable. If there is a change of crematory authority and the crematory remains on the same premises, the inspection in 172 NAC 69-005 is not required. If a crematory changes premises, it must pass the inspection specified in 172 NAC 69-005.

69-004.03 Change of Crematory Authority: The licensee must submit an application to Department within 30 days of the designated date of a change in crematory authority.

69-004.04 Change in Location: The licensee must submit an application to the Department at least 30 days prior to the designated date of a change in location.

69-004.05 Change in Name: The licensee must submit an application to the Department at least 30 days prior to the change in name.

EXPIRATION DATE: All licenses expire 5 years from the date of issuance

SECTION B CREMATORY AUTHORITY INFORMATION (All crematory authorities must complete this section)

1.	Authority Name:	Name:										
		<p style="color: red;">If this is a change in the Crematory Authority, please identify the previous Name of the crematory authority below:</p>										
2.	Authority's Address:	Street/PO/Route:										
		City:	State:	Zip:								
	Telephone Number	Telephone #:										
3.	Social Security Number:	If the applicant is a sole proprietorship, identify the social security number of the owner (this is REQUIRED INFORMATION) Social security numbers obtained under this section shall not be public information but may be shared by the department for administrative purposes if necessary and only under appropriate circumstances to ensure against any unauthorized access to such information.	Social Security #:									
4	Federal Identification Number (FIN) (in the event a refund is warranted)	FIN#:										
5	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%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Sole proprietorship</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Limited liability company that has more than one member</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Limited 1 liability company that has only one member</td> <td style="border: none;"><input type="checkbox"/> Governmental unit</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><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	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited 1 liability company that has only one member	<input type="checkbox"/> Governmental unit		<input type="checkbox"/> Other: Identify Type _____
<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Limited liability company that has more than one member											
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation											
<input type="checkbox"/> Limited 1 liability company that has only one member	<input type="checkbox"/> Governmental unit											
	<input type="checkbox"/> Other: Identify Type _____											

SECTION C OPERATOR INFORMATION (All applicants must complete this section if more than 1 operator, attach additional operator information be sure to include all information as requested below)

1.	Operator Name:	First:	Middle:	Last:
2.	Operator's Address	Street/PO/Route:		
		City:	State:	Zip:
	Telephone Number	Telephone #		

SECTION D ADDITIONAL INFORMATION (All applicants must complete this section)

1.	<p>Has the Crematory Operator attended a training course provided by the Cremation Association of North America?</p> <p>OR</p> <p>Has the crematory operator attended a training course provided by the manufacturer of the cremation chamber?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No (Attach certificate of completion)</p>
2.	<p>Does the Crematory have a cremation chamber that is operable?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – If no, explain:</p>
3.	<p>Does the Crematory have a holding facility?</p> <p>If the Crematory has a holding facility, does it have refrigeration?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – If no, explain:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – If no, explain:</p>
4.	<p>Does the Crematory conform to all local building codes and environmental regulations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No – If no, explain:</p>

SECTION E PRACTICE PRIOR TO CREDENTIAL

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.

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

SECTION F ATTESTATION

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.

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.

