



# BRANCH FUNERAL ESTABLISHMENT RENEWAL NOTICE

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

Division of Public Health – Licensure Unit  
 P.O. Box 94986 - Lincoln, NE 68509  
 Telephone: (402) 471-4920 Garrett Packett  
 E-Mail: garrett.packett@nebraska.gov

TWO-YEAR RENEWAL 2/1/2014 to 2/1/2016

<b>YOUR LICENSE TO OPERATE A BRANCH FUNERAL ESTABLISHMENT EXPIRES 2/1/2016.</b>		<p><b>EXPIRATION &amp; ADMINISTRATIVE PENALTY:</b> If this renewal notice and the renewal fee are not submitted in person or <b>POSTMARKED</b> on or before <b>February 1, 2016</b>, <b>YOUR ESTABLISHMENT LICENSE WILL EXPIRE</b>. If your license EXPIRES, you are <del>authorized to continue</del> 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.</p> <p><b>NOTICE:</b> 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.</p> <p><b>Make fee payable to: 'Licensure Unit'</b>  <b>PLEASE RETURN THIS NOTICE WITH YOUR FEE</b></p>
FEE NOW DUE: <b>\$75.00</b> LICENSE #: _____		
License #:		
Name:		
Owner Name:		
Manager Name:		
Address:		
City/State/Zip:		

**Establishment Information:** You must complete the following:

Telephone #:			
Is the name of your establishment correct?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If no, print the new name: _____
Is the manager's name listed above correct?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If no, print the name of the manager and the effective date of such change: _____
Is the address listed above correct?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If no, print the correct address below: _____
Has there been an owner change since the last renewal?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, print the correct owner: _____
			<p><b>Address/Owner or Type of Establishment Changed:</b> If the owner has changed or you have moved to a different address or wish to change your establishment to a branch establishment, <b>you can not renew this license</b>. 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: <a href="http://www.dhhs.ne.gov/crl/mhcs/fun/estapp.pdf">http://www.dhhs.ne.gov/crl/mhcs/fun/estapp.pdf</a></p>
List the name of the <b>associated</b> Funeral Home and it's license number:	Name:	Lic #:	

**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 2/1/2016.

Date closed/closing: \_\_\_\_\_

<b>MANAGER ATTESTATION: (The Licensed Branch Establishment Manager must complete this attestation)</b>	
I attest that I am the person making this renewal application and the statements on this application are true and complete.	
_____	_____
<b>Establishment Manager's Signature</b>	<b>Date</b>
_____	_____
* (Telephone Number/Fax Number) optional	* (E-mail Address) optional
*If you provide us with this information, we may be able to resolve any problem with your renewal more quickly.	

Owner signature(s) required on Page 2 of this application

**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.
- I am a qualified alien under the Federal Immigration and Nationality Act. My immigration and alien number are as follows: \_\_\_\_\_ and I agree to include a copy of my USCIS document with this renewal. Documentation includes one of the following:
- A Green Card, otherwise known as a Permanent Resident Card (Form I-551);
  - Unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - Alien Registration Number (A#) - An Employment Authorization Card is **NOT** acceptable; 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.

**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 \_\_\_\_\_