



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

YOUR LICENSE TO OPERATE A FUNERAL ESTABLISHMENT EXPIRES 2/1/2016.		<p>EXPIRATION & ADMINISTRATIVE PENALTY: If this renewal notice and the renewal fee are not submitted in person or POSTMARKED on or before February 1, 2016, 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.</p> <p>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.</p> <p>Make fee payable to: 'Licensure Unit' PLEASE RETURN THIS NOTICE WITH YOUR FEE</p>
FEE NOW DUE: \$250.00	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>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 can not 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: http://www.dhhs.ne.gov/crl/mhcs/fun/estapp.pdf</p>			

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: _____

MANAGER ATTESTATION: (The Licensed Funeral 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
_____	_____
* (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 _____