

# FUNERAL ESTABLISHMENT RENEWAL NOTICE

THIS IS THE ONLY NOTICE YOU WILL RECEIVE

TWO-YEAR RENEWAL 2/1/2018 to 2/1/2020

**YOUR LICENSE TO OPERATE A FUNERAL ESTABLISHMENT EXPIRES 2/1/2018.**

**FEE NOW DUE: \$250.00**      **LICENSE #:** \_\_\_\_\_

<b>License #:</b>	
<b>Name:</b>	
<b>Owner Name:</b>	
<b>Manager Name:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	

**EXPIRATION & ADMINISTRATIVE PENALTY:** If this renewal notice and the renewal fee are not submitted in person or **POSTMARKED** on or before **February 1, 2018**, 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 #:			
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>			

**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 2/1/2018.

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.

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