

MONTANA BOARD OF FUNERAL SERVICE
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, MT 59620-0512
Licensing Phone: 406-444-5711
Email: UnitB@mt.gov Website: www.funeral.mt.gov

MORTUARY BRANCH ESTABLISHMENT APPLICATION

I am applying for licensure as:

mortuary branch establishment – \$575

*\$575 includes \$375 application fee and \$200 inspection fee

SECTION 1 – This section is for the branch establishment information.

1. BRANCH ESTABLISHMENT BUSINESS NAME: _____

2. BRANCH ESTABLISHMENT DBA: _____

3. DBA REGISTERED

Yes

Active

No

Inactive

4. BRANCH ESTABLISHMENT BUSINESS PHYSICAL ADDRESS:

 Physical address of this particular facility—needed for inspections

5. BRANCH ESTABLISHMENT BUSINESS ADDRESS:

 Mailing address, if different than physical address

6. BRANCH ESTABLISHMENT BUSINESS EMAIL ADDRESS: _____

10. BRANCH ESTABLISHMENT TELEPHONE: _____
Business Cell

11. TAX ID NUMBER: _____

12. Does the branch establishment have a preparation room?

Yes

No

SECTION 2 – This section is for the controlling mortuary information.

13. CONTROLLING MORTUARY BUSINESS NAME: _____

14. CONTROLLING MORTUARY BUSINESS ADDRESS: _____

15. CONTROLLING MORTUARY EMAIL ADDRESS: _____

16. CONTROLLING MORTUARY TELEPHONE: _____
Business Cell

17. CONTROLLING MORTUARY LICENSE NUMBER: _____

18. TAX ID NUMBER: _____

Disciplinary Questions**Please read carefully and answer questions completely and truthfully. It may affect your licensure.**

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|-----|--|-----|----|
| 1. | Has this business or the person in charge of this business who is listed on the application ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 2. | Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 3. | Has the person in charge of this business who is listed on this application ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 4. | Has the person in charge of this business who is listed on this application ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 5. | Has the person in charge of this business who is listed on this application ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 6. | Has a licensing agency initiated or completed disciplinary action against this business or the person in charge of this business who is listed on this application? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. | Yes | No |
| 7. | Has this business or the person in charge of this business who is listed on this application voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 8. | Has a complaint ever been made against this business or person in charge of this business who is listed on this application with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 9. | Has this business or the person in charge of this business who is listed on this application ever been censured, expelled, denied membership or asked to resign from a professional organization related to the profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 10. | Does this business or the person in charge of this business who is listed on this application have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; | Yes | No |

Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

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| 11. | Have any civil legal proceedings been filed against this business or the person in charge of this business who is listed on this application by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. | Yes | No |
| 12. | Does this business or the person in charge of this business who is listed on the application ever been convicted of a misdemeanor or felony crime or have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If answered yes, a detailed explanation must be submitted on the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. | Yes | No |
| 13. | Has the person in charge of this business who is listed on this application ever been diagnosed with chemical dependency or another addiction, or participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | Yes | No |
| 14. | Has the person in charge of this business who is listed on this application ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. | Yes | No |
| 15. | Has the person in charge of this business who is listed on this application ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. | Yes | No |
| 16. | Has this business or the person in charge of this business who is listed on this application ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? | Yes | No |

DECLARATION

I authorize the release of information concerning the record, character, license history and competence of this funeral business, by anyone who might possess such information, to the Montana Board of Funeral Service.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of this application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the licensing laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for this application.

Legal Signature of Business Agent

Date

TEMPORARY PERMIT APPLICATION – BRANCH ESTABLISHMENT

Instructions

This section is to be completed and signed by the applicant. A temporary permit for purposes of an initial inspection per [ARM 24.147.904](#) and [24.147.403\(1\)\(c\)](#) will not be issued until this form has been signed and submitted along with the rest of the application documents and forms. Once a temporary permit has been issued the branch establishment may operate prior to the initial inspection.

I am applying for a temporary permit.

***Note: A branch establishment cannot operate until a temporary permit has been issued.**

Legal Signature of Applicant/Owner

Date

