

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 APPLICATION

I am applying for licensure as:

new mortuary – \$575

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

existing mortuary with change in ownership greater than 50% – \$575

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

transfer of existing mortuary license to a different location (i.e. close original location/relocate) – \$575

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

1. TYPE OF BUSINESS ENTITY:

Sole Proprietorship

Professional Corporation

Partnership

Non-Professional Corporation

Limited Liability

Other: _____

2. DATE OF INCORPORATION: _____ DATE ESTABLISHED: _____

3. BUSINESS NAME: _____

4. LIST ANY DBA: _____

5. DBA REGISTERED

Yes

Active

No

Inactive

6. SPECIFIC DBA OF THIS FACILITY: _____

If different than business name

7. BUSINESS PHYSICAL ADDRESS: _____

Physical address of this particular facility—needed for inspections

8. BUSINESS ADDRESS (if different than physical address): _____

Mailing address, if different than physical address

9. BUSINESS EMAIL ADDRESS: _____

10. TELEPHONE: _____

Business

Home

Cell

11. TAX ID NUMBER: _____

Disciplinary Questions

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

- | | | | |
|-----|--|-----|----|
| 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 | Has this business or the person in charge of this business who is listed on the application ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application?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.

- | | | | |
|-----|---|-----|----|
| 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 – MORTUARY

Instructions

This section is to be completed and signed by the applicant. A temporary permit for purposes of an initial inspection per [ARM 24.147.403\(1\)\(c\)](#) 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 mortuary may operate prior to the initial inspection.

I am applying for a temporary permit.

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

Legal Signature of Applicant/Owner

Date

NOTICE OF CHANGE OF OWNERSHIP – MORTUARY**Instructions**

This section must be completed and signed by both the applicant/owner and previous owner per the requirements in [ARM 24.147.403\(2\)](#). This section is only for existing mortuaries with a change in ownership. Applicants for new mortuaries or transfers of existing mortuaries do not need to complete this section.

Section 1 – Previous Owner Information

1. Full Name(s) of Previous Owner: _____
2. Name of Mortuary under Previous Owner: _____
3. Previous Mortuary License Number: _____
4. Date previous owner plans to relinquish ownership of mortuary: _____
 *Note: Per ARM 24.147.903, when there is a change in ownership the existing license is void.

Section 2 – Applicant Information

5. Date applicant plans to acquire ownership of mortuary: _____
 *Note: Per ARM 24.147.903, when there is a change in ownership the existing license is void and a new license must be obtained

6. Notice of Change in Ownership in Newspaper

Name of Newspaper: _____

Dates of Publication: _____
 (e.g. 8/1/17 through 8/7/17)

Notice of the change in ownership been published for a one-week period in newspaper of general circulation in the county in which the mortuary is located per the requirements in [ARM 24.147.903\(2\)](#). Included with this application is proof of publication.

Section 3 – Declaration

I, the previous owner of this mortuary relinquish the license per [ARM 24.147.903](#) and as described in Section 1 of this form.

 Legal Signature of Previous Owner

 Date

I, the applicant and owner of this mortuary have fulfilled the requirements as described in [ARM 24.147.403\(2\)](#) and [24.147.903\(2\)](#) and Section 2 of this form.

 Legal Signature of Applicant/Owner

 Date

NOTICE OF CHANGE OF ADDRESS/RELOCATION – MORTUARY**Instructions**

This section must be completed and signed by the applicant/owner relocating to a new location. This section is only for an existing mortuary that is closing a physical location and transferring that license to a different location per [ARM 24.147.403\(3\)](#). Applicants for new mortuaries or mortuaries with a change in ownership do not need complete this section. Note: The new location cannot operate until a temporary permit is issued and is not fully licensed until the inspection is passed at the new location.

Section 1 – Applicant Information

1. Name(s) of Applicant: _____
2. Name of Mortuary: _____
3. Mortuary License Number to be Transferred: _____

Section 2 – Information for Location that is being Closed

7. Physical Address of Closing Location: _____
8. Date of Termination of Services at Closing Location: _____

Section 3 – Information for New Location

7. Physical Address of New Location: _____

Legal Signature of Applicant/Owner

Date