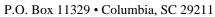
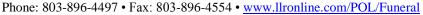


South Carolina Department of Labor, Licensing and Regulation

South Carolina Funeral Service Board







Letter of Instructions for a New Funeral Facility, Additional Facility Location, Change of Facility Name or Change of Facility Manager

When Submitting an application to the Board's Office for a new funeral facility, additional facility location, change of facility name or change of facility manager, the requirements are as follows:

- 1. Complete the Board application form items 1 through 19.
- 2. Attach a personal check, certified check or postal money order in the amount of:
 - \$200 application fee for a new facility, additional facility location, or change or ownership.
- 3. Manager **must appear** before the Board for a new facility, additional facility, ownership change or location change. Proof of residency required (Must include copies of driver's license and manager's property tax notice or residential rental contract).
- 4. **If incorporated**, manager must be an officer of the corporation and must provide proof with application. (Articles of incorporation or minutes showing position and authority). **If not incorporated**, must submit proof of ownership.
- 5. If new facility, please include recent county zoning application and approval notice.
- 6. The facility name or name change must not include a name of any unlicensed person(s).
- 7. Along with the application, applicants must submit a state-wide criminal history conviction record from the State Law Enforcement Division (SLED) (or equivalent agency located in the applicant's resident state. (www.sled.sc.gov.)
- 8. The completed application packet must be in our office no later than 10 business days prior to the Board meeting date if you wish to be on the Board meeting agenda.

Mail the required materials to: S. C. Dept. of Labor, Licensing and Regulation

Board of Funeral Service P. O. Box 11329

Columbia, SC 29211-1329

For additional assistance or clarification, contact the Board's Office at (803) 896-4497 or Fax (803) 896-4554.

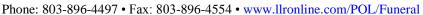
All applications will be returned if not properly completed or fees not enclosed.



South Carolina Department of Labor, Licensing and Regulation

South Carolina Funeral Service Board

P.O. Box 11329 • Columbia, SC 29211





					No
		For Bo	ard Use Only		
		\$200	New Facility or Ownership Changes		
		\$200	Additional Location or Ownership Changes		
			Change of Manager, Name, or Location of Facility		
		License	Issued		
		Tax ID	Fees are based on two (2) year Licensia # cannot process without tax ID #	ng	
	FUNERAL	FAC	ILITY/FACILITY MANA	GER APPI	LICATION
			acility, \$200 Additional Location. Submication fees are Non-Refundable.	it a check or mo	oney order payable to the SC
emba Boar omiss withl Boar judgr	almer license under the d and in support of s sions, inaccuracies or hold renewal of or sus d may make such inq	e provisio aid applic failure to pend or r juiry and d said app	or, embalmer, funeral director/embalmer ns of Title 40, S. C. Code, 1976 (as americation makes the representations contain to make full disclosures may be deemed evoke a license if issued by the Board. investigation concerning the applicant's plicant further agrees to furnish any additing requested to do so.	nded) and the R led herein with I sufficient reas The undersigne record or back	ules and Regulations of the the understanding that any on to deny a license or to d applicant understands the ground as the Board in its
- 1 1	,		Type or Print in Ink		
1.	Indicate one of the fol	llowing:	☐ Change of Ownership/New Facility	Addi	tional Facility Location
2.	This facility will be a		☐ Change of Facility Name/Location	Chan	ge of Facility Manager
	Funeral Home B	ranch	Crematory Chapel Chapel		
	If a branch or affiliated	d cremato	ry, give name and permit License number	of parent firm:	
	Name:				Permit #
	Is business incorporate If yes, attach articles o		Yes No If yes, list corporation ration. If yes and change of manager, atta	on name:	esolution papers.

Page 2 of 6

(can not be a PO Box)

Name of former facility:

State: Zip Code: E-Mail Address:

Physical Location Address of Facility:

_____ City: _____

ty:		State:	Zip Code:	
Proposed Manager of Facil	lity:(First)	(Middle)	(Last) (Lio	cense #, circle license Typ
	-	ense issued/		Funeral Director Embalmer Dual License
-				
State:	ite: Home Pho			
Name of Current or Previo	us Manager:			
How far is the proposed ma	anager's resider	nce from the establishment?		
Manager's Mailing Addres	ss:		(a manager residence fo	
		State:		
		Social Security N		
Dute of Birtin.		Boeiai Beeainty i	<u></u>	
List all places of smaller		Green was (for Monograp) list o		4 (4) 1 1 (2)
	ent during past	five years (for Manager) list p		
List all places of employme	ent during past	five years (for Manager) list St., P.O. Box, or Rt.	City	t. (Attach sheet if needed
	ent during past			
Name of Company	ent during past	St., P.O. Box, or Rt.	City	State, Zip
Name of Company Position	ent during past	St., P.O. Box, or Rt. Duties	City From Mo./Yr.	State, Zip To Mo./Yr.
Name of Company Position Name of Company	ent during past	St., P.O. Box, or Rt. Duties St., P.O. Box, or Rt.	City From Mo./Yr. City	State, Zip To Mo./Yr. State, Zip
Name of Company Position Name of Company Position	ent during past	St., P.O. Box, or Rt. Duties St., P.O. Box, or Rt. Duties	City From Mo./Yr. City From Mo./Yr.	State, Zip To Mo./Yr. State, Zip To Mo./Yr.
Name of Company Position Name of Company Position Name of Company	ent during past	St., P.O. Box, or Rt. Duties St., P.O. Box, or Rt. Duties St., P.O. Box, or Rt.	City From Mo./Yr. City From Mo./Yr. City	State, Zip To Mo./Yr. State, Zip To Mo./Yr. State, Zip
Name of Company Position Name of Company Position Name of Company Position		St., P.O. Box, or Rt. Duties St., P.O. Box, or Rt. Duties St., P.O. Box, or Rt.	City From Mo./Yr. City From Mo./Yr. City From Mo./Yr.	State, Zip To Mo./Yr. State, Zip To Mo./Yr. State, Zip To Mo./Yr.

MANAGER INFORMATION

· · · · · · · · · · · · · · · · · · ·	eense denied, suspended, revoked, surrendered or have you ever or any other state or jurisdiction? (If yes, attach a					
Have you ever had any other business or professional license of any type suspended, revoked or surrendered in this or any other state or jurisdiction? (If yes, attach a separate statement giving details.)						
7. Have you ever been convicted of or pled guilty to or nolo contendere to a felony or a crime involving drugs or more turpitude? (If yes, attach a separate statement giving details.)						
18. Have you read and understand the South Carolina Fund	eral Service Law and the Rules and Regulations of the Board? Yes No					
All information in this document is a public record Information Act, except items designated with this This affidavit to be executed by manager and owner						
The undersigned, in making this application to the South Carolin	na Board of Funeral Service swears (or affirms) that he (or she) is the n contained herein are true to the best of his (or her) knowledge and					
Proposed Manager's Signature	Print Name of Proposed Manager					
The above proposed manager has been selected to legally and ethically responsible for all action tak	be in responsible charge of the establishment and will be en at the establishment.					
Signature of Owner of the Facility	Print Name of Owner of the Facility					
Signature of Owner of the Facility	Print Name of Owner of the Facility					
Print Name of Parent Company	Signature					
	Print Name & Title or Position					
Sworn and subscribed to before me this day of	20					
Notary Public						
	My Commission Expires:					

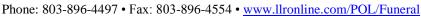
(SEAL)



South Carolina Department of Labor, Licensing and Regulation

South Carolina Funeral Service Board







Statement of Licensure and Residency

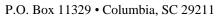
State of South Carolina				
County of				
I,		certify tha	t I have b	peen licensed as a Funeral
Director in South Carolina for	y	ear(s) and live	:	miles from the Funeral
Home where I am applying to be	come the ma	anager.		
(Proposed Managers must be a re South Carolina for a minimum of a South Carolina resident for the	f one (1) yea	r prior to bein	g a mana	ger and must continue to be
Proposed Manager's	s Signature			
Address (no P O Boxes)				
City	State	Z	ip	
Sworn to and Subscribed before	me this	day of		20
Commission Expires			Not	ary Public

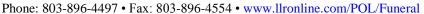


MANAGER of FACILITY:

South Carolina Department of Labor, Licensing and Regulation

South Carolina Funeral Service Board







Annual Facility Manager and Embalmer Verification Report

This report serves as the <u>official verification</u> of the Funeral Home Manager of record and the Embalmer of record for the funeral home identified below. Managers (<u>only</u>) <u>must</u> include copies of his/her driver's license and property tax notice. If you do not own a home, provide a copy of the rental agreement. Provide a current map (like Google Maps, MapQuest, Yahoo Maps, etc.) indicating the mileage between your residence and the facility.

T	L'and E and B'art /Enhanced March L'and March
1,	, a licensed Funeral Director/Embalmer and Manager, License Number
, of	, Funeral Home License Number, hereby
certify that I am a full-time employee	of the above Funeral Home and that I am the person responsible for all activities at this facility
in the Practice of Funeral Service as de	fined in Chapter 19 (18) of the SC Funeral Service Statues and Regulations.
EMBALMER:	
Ι,	, a licensed Embalmer, License Number, and employee or
contractor of	Funeral Home, hereby certify that I am the primary embalmer of the above
facility, License Number	and that I am the person primarily responsible for all activities involving embalming and other
preparation of human remains as defin	ned in Practice of Funeral Service in Chapter 19 (8) and (9) of the SC Funeral Service Statues
and Regulations.	
GI GE III M	
Signature of Facility Manager	Print Name of Facility Manager and License #
Signature of Primary Embalmer	Print Name of Primary Embalmer and License #