

Oregon Mortuary and Cemetery Board
800 NE Oregon Street, Suite 430
Portland, OR 97232-2195
971-673-1507 / 971-673-1501 fax
www.oregon.gov/MortCem
mortuary.board@state.or.us (email)

INITIAL APPLICATION FOR OREGON LICENSE TO OPERATE A FUNERAL ESTABLISHMENT INSTRUCTIONS

In no event shall a funeral establishment be operated without the appropriate license to operate. All licensed facilities are subject to the inspection and approval of the Board. OAR 830-040-0040.

OAR 830-040-0040 provides that all facility applications shall specify the real and true names of the person(s) who own or have an interest in the licensed facility, including percentages of ownership. Applications must also specify the names of all principals.*

If the principal is a corporation, the application shall include the names of all principals of that corporation, pursuant to OAR 830-040-0000(4).

- * **Principal** means those persons who have controlling authority over the licensed facility, including but not limited to:
- (a) Managers or other persons who have decision-making authority and whose primary duties include control over the operation of the licensed facility;
 - (b) Officers or directors who have some degree of responsibility for the operation of the licensed facility;
 - (c) Stock holders or corporations who own or control ten percent or more of the licensed facility by owning or controlling ten percent or more of the voting stock; and
 - (d) Partners.

OAR 830-011-0050(1) provides that all principals of licensed facilities must submit to a background investigation. A Background Information Questionnaire will need to be completed by each principal identified on the facility application, and submitted with the facility application. If a proposed principal currently holds a personal license issued by the Board, the proposed principal is not required to submit a Background Information Questionnaire. The Board may deny, suspend or refuse to issue or renew a facility license based upon adverse conditions related to any manager or other principal of the facility. OAR 830-011-0050(2)

Funeral Establishment Manager

A funeral establishment (FE) must be operated by a licensed funeral service practitioner (FSP). OAR 830-030-0000(9) provides that the Board may authorize an FSP to manage more than one FE or immediate disposition company (IDC) when the Board, in its sole discretion, determines that the management of more than one FE or IDC by a single FSP is in the public interest. A request by an FSP to manage more than one FE or IDC (not co-located) shall be in writing and shall describe the basis for the request. Board approval shall be in writing and shall identify each FE or IDC the FSP is authorized to manage.

Secretary of State, Corporation Division Registration

Each licensed facility must be registered with the Board by its true corporate, firm or individual name. In addition, one assumed business name (ABN), as registered with the Corporation Division, may be used by each licensed facility. OAR 830-040-0030. You are not required to register an ABN with the Corporation Division. However:

- a. If you do not have an ABN, you must use only your true individual or firm name or your business entity name, exactly as registered with the Board and the Corporation Division.
- b. “Real and true name” means the surname of an individual coupled with a combination of the individual’s given names and initials, or the corporate name of a domestic corporation stated in the articles of incorporation or amendment filed with the Office of the Secretary of State or the corporate name of a foreign corporation as stated under ORS 60.707(1)

ORS 648.007(1) provides that no person or business entity shall carry on, conduct or transact business under an assumed business name unless the person or the business entity has registered the assumed business name.

Entity includes a foreign or domestic corporation, foreign or domestic nonprofit corporation, foreign or domestic profit or nonprofit unincorporated association, foreign or domestic business trust, foreign or domestic estate, foreign or domestic limited partnership, foreign or domestic general partnership, foreign or domestic limited liability company, foreign or domestic business trust, two or more persons having a joint or common economic interest, any state, the United States or any foreign government.

- c. The facility name must contain words that identify the kind of business or activity in which the licensed facility is engaged, i.e.: funeral establishment, immediate disposition company, cemetery or crematory. OAR 830-040-0000(3). If the true name or business entity name does not contain such identifying words, you must register an ABN that does. This identifying name, exactly as registered with the Board and the Corporation Division, must be used as the advertised name. The Board allows the use of words other than funeral, immediate disposition, cemetery or crematory in facility names to convey the nature of the business activity - when alternative words are commonly understood to have the same meaning.

Clarification of Preneed Trust Sales:

Sales funded by an insurance policy or an annuity contract are excluded from the definition of preneed sales.

Fees:

This facility application needs to be submitted (including Background Information Questionnaire forms) with the \$150 initial application fee (which includes the first principal fee) plus \$50 for each additional principal.

Renewal Information:

All licenses to operate a funeral establishment expire December 31st of every even year. The renewal fee for a funeral establishment license is \$350 per year, payable biennially.

The completed facility application must be returned with the following or it will be returned as incomplete:

- Facility application fee, \$150.00 (includes one principal fee);
- Principal fee(s), \$50 for each additional principal;
- Completed Background Information Questionnaire forms for each identified principal. If any of the proposed principals currently holds a personal license issued by the Board, the proposed principal does not need to submit the Background Information Questionnaire.
- If the facility is owned by more than one organizational level, a completed Applicant Facility Owner Information Sheet for every organizational level above Level One.

Forms are available upon request or on the website: www.oregon.gov/MortCem

Office use only:

0622 833 41701 \$150.00 FE License (includes first principal)

0641 833 41701 \$ 50.00 Each Additional Principal

License #: _____

Effective date: _____

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TO OPERATE A FUNERAL ESTABLISHMENT**

PROPOSED OWNERSHIP INFORMATION:

Proposed FE Name: _____
assumed business name, if any, as registered with the Corporation Division

FE's Physical Location: _____
street address

city, state, zip

on site telephone on site fax

FE's Mailing Address: _____
print contact name

city, state, zip

mailing telephone mailing fax

Name of FE's Proposed Owner: _____
true corporate, firm or individual name (Organization Level One)

Owner's Mailing Address:

 print contact name for owner

 city, state, zip

 mailing telephone

 mailing fax

PRINCIPALS OF PROSPECTIVE OWNER:

Proposed FE Manager:

 print name of person who will manage / operate this applicant facility (include FSP License #)

Does this person manage any other licensed facility (funeral establishment, cemetery, crematory, immediate disposition company): (Yes / No) If yes, print name and physical address of other facility:

Others who have decision making authority and whose primary duties include control over the operation of the applicant facility (i.e., General Market Manager, Area Manager):

 name and title

 address

 phone

 name and title

 address

 phone

Owner's Officers, Directors, Board Members, Commissioners, etc. (Organization Level One):

1. _____
 print name and title

2. _____
 print name and title

3. _____
 print name and title

4. _____
 print name and title

5. _____
 print name and title

6. _____
 print name and title

7. _____
 print name and title

8. _____
 print name and title

Individual stockholders (natural persons), partners, and / or corporations that own or control voting stock in the **above named owner**, including percent of ownership (Organization Level One):

- | | |
|-------------------------------|--------------------------------|
| 1. _____
print true name % | 2. _____
print true name % |
| 3. _____
print true name % | 4. _____
print true name % |
| 5. _____
print true name % | 6. _____
print true name % |
| 7. _____
print true name % | 8. _____
print true name % |
| 9. _____
print true name % | 10. _____
print true name % |

PARENT CORPORATION, **if any**, that owns or controls more than fifty percent of voting stock in the prospective corporate owner, including percent of stock (attach Applicant Facility Owner Information Sheet, Organization Level Two):

- | | |
|---|-------|
| _____ | _____ |
| true corporate, firm or individual name (Organization Level Two) | % |
| _____ | _____ |
| true corporate, firm or individual name (Organization Level Two) | % |

NON-PARENT CORPORATION, if any, that owns or controls not more than fifty percent of voting stock in the prospective corporate owner, including percent of stock (attach Applicant Facility Owner Information Sheet, Organization Level Not Applicable):

- | | |
|--|-------|
| _____ | _____ |
| true corporate, firm or individual name (Organization Level Not Applicable) | % |
| _____ | _____ |
| true corporate, firm or individual name (Organization Level Not Applicable) | % |

NOTE: If the above named non-parent corporation(s) own or control ten percent or more of the voting stock in the prospective corporate owner, attach Applicant Facility Owner Information Sheet for each and enter "N/A" in the organization level blank.

GRANDPARENT CORPORATIONS, if any, that own or control more than fifty percent of voting stock in the above named parent corporation or any succeeding parent within the organizational structure, including percent of subsidiary stock owned (attach Applicant Facility Owner Information Sheet for each Organization Level Three or higher):

_____	_____
true corporate, firm or individual name (Organization Level Three)	%
_____	_____
true corporate, firm or individual name (Organization Level Four)	%
_____	_____
true corporate, firm or individual name (Organization Level Five)	%

Will this facility be selling prearrangement **trust** sales or preconstruction trust sales, as defined in ORS 97.923?
 Yes or No

If **Yes**, this facility must be registered with the Oregon Department of Consumer & Business Services (Division of Finance & Corporate Securities) as a certified provider.

If **No**, sales are limited to “at need” goods and services only.

List all funeral service practitioners, embalmers, apprentices and preneed sales people working at this applicant facility, including any who are part-time employees or independent contractors (licensees of the Board only).

_____	_____
licensee name	license(s) held
_____	_____
licensee name	license(s) held
_____	_____
licensee name	license(s) held
_____	_____
licensee name	license(s) held
_____	_____
licensee name	license(s) held
_____	_____
licensee name	license(s) held
_____	_____
licensee name	license(s) held

Proposed Funeral Establishment Name

_____ assumed business name, if any, as registered with the Corporation Division

CERTIFICATION

I, _____, (print name and title of duly authorized person)

certify that I am a duly authorized officer or agent of the above-named prospective facility's owner and that all information on this form and any attachments is true and correct.

I understand that this application is not a license to operate and that the applicant owner must receive a funeral establishment license from the Oregon Mortuary and Cemetery Board before operating under the prospective ownership.

I understand that making false or misleading statements in applying to the Board for licensure is cause for disciplinary action under OAR 830-050-0050(2) and ORS 692.180(1)(a).

YOUR SIGNATURE MUST BE NOTARIZED.

_____ (signature of duly authorized person)

Before me personally appeared _____ (print duly authorized person's name)

_____ who is known

to be the identical person who **signed** this application on this date _____, 20____.

NOTARY SEAL

_____ (signature of Notary Public)

_____ (county / state)