

Oregon Mortuary & Cemetery Board
800 NE Oregon Street, Suite 430
Portland, OR 97232-2195
(971) 673-1507 / (971) 673-1501 fax
www.oregon.gov/omcb
mortuary.board@omcb.oregon.gov

INITIAL APPLICATION FOR OREGON LICENSE TO OPERATE AN IMMEDIATE DISPOSITION COMPANY INSTRUCTIONS

In accordance with **OAR 830-040-0000(1) and (5)**:

Every licensee is responsible for complying with the provisions of ORS Chapter 692 and rules adopted thereunder, and any other law pertaining to the duties and responsibilities of the funeral service practitioner or the operation or licensing of funeral establishments, immediate disposition companies, cemeteries, crematoriums and alternative disposition facilities. Each licensed facility must provide the Board with its true corporate, firm or individual name. Applications for all licensed facilities must be made on the most current application and specify the names of all principals. If the principal is a corporation, the application must include the names of all principals of that corporation.*

* [OAR 830-011-0000\(41\)](#) defines a “Principal” as follows:

Principal means a person who has 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) General Partners, limited and joint ventures;*
- (d) Sole proprietors*
- (e) Stockholders holding a majority of outstanding shares of stock; and*
- (f) Members of a Limited Liability Company.*

In accordance with **OAR 830-040-0000(6)**, when there is a change in any principal of a licensed facility, the licensee must provide the Board with the name of the new principal(s) on the Application for Change of Principal form within 30 days of the change. If the new principal is a corporation, the licensee must provide the names of the principals of that corporation.

Additionally, [OAR 830-011-0050\(1\)](#) requires that all principals of licensed facilities must submit to a background investigation:

All applicants for individual or facility licenses and principals of facilities seeking or holding a license must submit to a background investigation. The background investigation may include, but is not limited to, information solicited from the Law Enforcement Data Systems, other government agencies or courts, personal references, former employers, and credit checks. The Board may require the applicant or principal to furnish any information necessary to perform a background investigation.

Therefore, all new principals must complete a Background Information Questionnaire. If the proposed principal currently holds an individual license issued by the Board, the individual does not need to submit a Background Information Questionnaire.

In accordance with **OAR 830-040-0000(13)**, facilities must post their facility license and certificates of apprenticeship in a conspicuous location for public viewing. Other individual licenses will be available for inspection upon request.

Immediate Disposition Company Manager

In accordance with **ORS 692.025(5)(b)**, an immediate disposition company (IM) must be operated by a licensed funeral service practitioner (FSP).

If a funeral service practitioner wants to manage more than one facility, **OAR 830-030-0000(14)** provides guidance:

Upon providing written notification to the Board, a funeral service practitioner may be permitted to manage two funeral establishments or two immediate disposition companies, or one of each. A funeral service practitioner may be authorized by the Board to manage more than two funeral establishments or immediate disposition companies, or a combination of same, upon providing a written request to the Board that describes the basis for the request. The Board may approve the request after consideration of relevant facts or circumstances including, but not limited to, information that the Board may request from the funeral service practitioner.

Secretary of State, Corporation Division Registration

In accordance with **OAR 830-040-0030**, each licensed facility shall be registered with the Board by its true corporate, firm or individual name. In addition, one assumed business name, as registered with the Secretary of State Corporation Division, may be used by such licensed facility and shall be promptly reported to the Board.

If you do not have an assumed business name, you must only use your true individual or firm name or your business entity name, exactly as registered with the Board and the Oregon Secretary of State, Corporation Division.

If you have any questions about registering your facility's name, please contact the Oregon Secretary of State, Corporation Division.

In accordance with **OAR 830-040-0000(3) and (4)**, the Board may refuse to allow use of any facility name that is misleading as to the nature of the facility's purpose and when a person, firm, partnership or corporation applies to the Board for a facility license, the name on the application must identify the primary activity of the facility. This name must be the registered name with the Board and must also be used as the advertised name of the facility.

Application & Principal Fees/Background Information Questionnaire Forms:

The initial application fee of \$150 (which includes the first principal fee) plus \$50 for each additional principal and all required Background Information Questionnaire forms must be submitted with the Initial Application.

Renewal Information:

In accordance with **ORS 692.160(2)**, all licenses or certificates of authority granted under this chapter to operators of funeral establishments, to operators of immediate disposition companies, to operators of cemeteries, to operators of crematoriums or to operators of other facilities for final disposition of human remains expire on January 1 in odd-numbered years. The renewal fee for an immediate disposition company license is \$350 per year, payable biennially.

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

- Facility application fee: \$150 (includes one principal fee);
- Principal fee(s): \$50 for each additional principal;
- Completed Background Information Questionnaire form for each applicable principal. If any of the proposed principals currently hold an individual 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 beyond Level One.

Forms are available upon request or on our website: <https://www.oregon.gov/omcb/pages/Forms.aspx>

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PROPOSED OWNERSHIP INFORMATION:

Proposed IM Name: _____

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

IM's Physical Location: _____

street address

city, state, zip

on site telephone

on site fax

website address

email address

IM's Mailing Address: _____

print contact name

city, state, zip

mailing telephone

mailing fax

Name of IM'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

email address

PRINCIPALS OF PROSPECTIVE OWNER:

Proposed IM 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 salespersons 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 Immediate Disposition Company Name

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

In accordance with **OAR 830-030-0008(2)**, an Immediate Disposition Company may only arrange for immediate final dispositions without viewing or visitation, or a ceremony with the human remains present except for a graveside service.

CERTIFICATION

I, _____, printed name and title of duly authorized representative

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 an immediate disposition company license from the Oregon Mortuary & 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 representative

Before me personally appeared _____ print duly authorized representative'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