

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
333 Willoughby Avenue, 9th Floor
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2691
E-mail: license@alaska.gov

FUNERAL ESTABLISHMENT PERMIT APPLICATION PACKET

Alaska Statute 08.42.100 states in part: "a person may not conduct, maintain, manage, or operate a funeral establishment unless a permit for each establishment has been issued by the department and is conspicuously displayed in the funeral establishment." "Funeral establishment" means every place devoted to or used in the care and preparation for disposition of dead human bodies, or as the office or place for carrying on the profession of mortuary science, or for any combination of these;" [and] "mortuary science" means embalming of dead human bodies, taking charge of the remains of those dead of a communicable disease, or preparing dead human bodies for shipment, directing or supervising funerals." AS 08.42.200(2), (3).

APPLICATION FOR PERMIT

Please read the application and instructions carefully and complete the application accurately. An incomplete or incorrect application will be returned and will cause delays in processing. Please type or print all requested data. If space for any answer is insufficient, use an additional sheet and specify the question to which it relates. Make check or money order for \$210 (\$50 nonrefundable application fee + \$160 permit fee) payable to the State of Alaska. When the application is approved, the permit will be sent to you with an accompanying cover letter providing further licensing information. Permits are usually issued within two to three weeks of the division's receipt of a complete and correct application. If the application is incomplete, you will be notified of incomplete and/or incorrect documents and fees.

OTHER FEES

Wall certificate (suitable for framing) with initial application or subsequent written request	\$20
Duplicate license fee (with written request)	\$5
Verification of licensure to another state (with written request)	\$20
Returned check fee.....	\$20
Address change (must be in writing).....	no fee

GENERAL INFORMATION

LICENSE TERM - The funeral establishment permit is for a two-year period. All funeral establishment permits expire December 31 of even-numbered years regardless of the date of issuance, except new licenses issued within 90 days of the expiration date will be issued through the next biennium. One notice of renewal will be sent to the last known address of record approximately 30 days before license expiration.

ADDRESS CHANGES - In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division of Corporations, Business and Professional Licensing, in writing, of changes of address. The address of record with the Division will be used for official notifications and correspondence.

ABANDONMENT - Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of license and other fees paid. If no request for refund is received, all fees are forfeited.

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Mortuary Science Section
P.O. Box 110806, Juneau, Alaska 99811-0806
(907) 465-2691
E-mail: license@alaska.gov

FUNERAL ESTABLISHMENT PERMIT APPLICATION

Nonrefundable application fee - \$50 Permit fee - \$160

The actual name of establishment under which you will be doing business in Alaska (d/b/a):

Complete Mailing Address: _____
Complete Physical Address: _____

City State ZIP Code City State ZIP Code

Business Telephone: _____

Under the active management of _____ Funeral Director License: _____

OWNERSHIP - Check applicable box and provide complete names, addresses, and U.S. social security numbers of owner, all partners, or corporate officers, whichever is appropriate.

Sole Proprietorship Partnership Corporation Federal Employer I.D. # _____

Name	Mailing Address	Social Security Number (For sole proprietor or partners)

EMPLOYEES - Names of personnel, including license numbers where applicable.

Name	License Number	Employed As

OTHER ESTABLISHMENTS – Do you have other funeral establishments? Yes No
If you checked "Yes," you must obtain a separate permit for each location.

I certify the above information is true and correct to the best of my knowledge. I understand that any false or misleading information may result in denial of a permit or subsequent revocation of the permit.

Signature

Title

SUBSCRIBED AND SWORN TO before me on

Date

Notary Public, State of _____
My commission expires: _____

(NOTARY SEAL)