



TEXAS FUNERAL SERVICE COMMISSION
O. C. "Chet" Robbins, Executive Director

P. O. Box 12217
Capitol Station
Austin, Texas 78711
Tel: (512) 936-2474
Fax: (512) 479-5064
email: info@tfsc.state.tx.us

RE: License of Crematory Establishment

Dear Applicant:

Thank you for your interest in establishing a crematory in the State of Texas.

Enclosed is the Application for License of a Crematory Establishment. This application must be completed, signed and notarized. **Please submit your licensing fee of \$417.00 with this application. Be advised, however, that the license will not be issued until all inspections are completed and all administrative paperwork is received and processed.**

Please include one set of your compliance forms which include a General Price List and Authorization to Cremate with the required disclosures.

Please include with your application current Air Quality Control Permit, Fire and Health inspection documents obtained from your local Fire Marshall and Health Department or a letter from appropriate agencies stating that such inspections are not performed or required at either city or county level.

Upon receipt and approval of the items listed above, we will contact you regarding the scheduling of the physical site inspection by the TFSC inspectors.

Should you have any questions, please contact this agency at (512) 936-2474 or toll free at (888) 667-4881.

Sincerely,

O. C. Robbins
Executive Director

APPLICATION FOR LICENSE OF CREMATORY ESTABLISHMENT

Application is made to the Texas Funeral Service Commission for a license to operate a crematory establishment. The following information is provided as a basis for the issuance of such license:

- Name change (NO CHANGE OF OWNERS)
- New Crematory Establishment
- Change of Ownership
- Reopening as a result of cease & desist order

Is this crematory establishment on a perpetual care cemetery? ___yes ___no

Name of cemetery _____

Is this crematory establishment on funeral home property? ___yes ___no

Name of funeral home _____

Did this crematory establishment exist prior to September 1, 2003? ___yes ___no

Was said crematory registered with TFSC prior to September 1, 2003? ___yes ___no

- (Please provide name of existing crematory establishment)

Type of Establishment:

- Crematory Establishment

Name of Facility _____

Physical address _____

City _____ Zip _____ County _____

Mailing address (if different) _____

Telephone Number _____ Fax Number _____

Is there a facility in the service area, county, or metro area that bears a similar name?

- Yes
- No

Certified Operator _____

Name

Certification No.

Owner's name: _____

Owner's physical address: _____

Type of business:

- Sole ownership
- Partnership
- Corporation (If corporation, please see Addendum)

List names and addresses of the sole owner, partners, or officers of the corporation:

Name _____ Address _____
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

Certified personnel employed and active in this business:

Name _____ Certification # _____
Name _____ Certification # _____
Name _____ Certification # _____
Name _____ Certification # _____
Name _____ Certification # _____
Name _____ Certification # _____

(If additional space is needed, please supplement with extra page)

List all non-certified personnel: _____

I am the Certified Owner/Operator and responsible for the legal and ethical operation of this establishment and understand that I may be served with administrative process when violations are alleged to have been committed by the crematory establishment. I will notify the Commission in writing immediately if and when the relationship is terminated. I certify to the correctness of the information contained in this application.

Signature _____
Certified Owner/Operator

Subscribed and sworn to before me this _____ day of _____,
_____.

(Seal) _____

Notary Public expires
TO BE COMPLETED BY OWNER OR OFFICER OF CREMATORY
ESTABLISHMENT

Each crematory establishment shall designate to the Commission a Certified/Owner Operator, and such Certified/Owner Operator shall be directly responsible for all operators employed by the crematory establishment. Any change or changes in such designation shall be given to the Commission in writing within 15 days. I hereby consent to reasonable inspection of this establishment and its records for compliance with the Mortuary Laws of the State of Texas at such times as may be designated by the Texas Funeral Service Commission.

State of Texas

County of _____

Before me, the undersigned, a notary public in and for the County aforesaid, on this day personally appeared _____, known to me, who by me being place under oath, disposes and says that he/she is the _____ of the _____

Title Establishment Name
And the statements and information contained in this application are true and correct.

Signature
Residence Address
City, State, Zip

Subscribed and sworn to before me this _____ day of _____,
_____.

(Seal)

Notary Public expires

ADDENDUM

FRANCHISE TAX

Rule 203.25 requires any corporate applicant for a license or permit issued by this agency to certify in writing that its franchise taxes are current, that the corporation is exempt from payment of the franchise tax, or that it is an out-of-state corporation that is not subject to the Texas franchise tax.

If you certify corporate ownership on the application, the certification below must be completed and returned with the application.

FRANCHISE TAX CERTIFICATION

I hereby certify that _____, the corporation listed as
Name of Corporation
the owner of _____, in the city of
Name of Crematory Establishment
_____, Texas, is:

- Current on the payment of its Texas franchise tax; or
- Exempt from payment of the Texas franchise tax; or
- An out-of-state corporation that is not subject to the Texas franchise tax.

I understand that any false statement as to the corporate franchise tax status on this certification is ground for disciplinary action.

I hereby state under oath that the statements contained herein are true and correct to the best of my knowledge.

Signature

Subscribed and sworn to before me this _____ day of _____,
_____.

(Seal)

Notary Public expires