

# Mortuary Science

## APPLICATION FOR LICENSE TO OPERATE A CREMATORY

**MINNESOTA GOVERNMENT DATA PRACTICE ACT NOTICE.** This notice is given pursuant to Minnesota Statutes, sections 13.04, subdivision 2, and 13.41, subdivision 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information you provide in this application to determine if you meet Chapter 149A requirements for licensure. You are not legally required to supply the requested information. However, **FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION.** All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data that is not public and is accessible to you. *When you become licensed, the application data (except SSN) becomes public.* Information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

The undersigned hereby submits this application to operate a crematory subject to the provisions of Minnesota Statutes, section 149A. Include an application fee of \$425.00 payable to: Commissioner of Finance.

### Crematory Information

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Name of Crematory

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Mailing Address	City	State	Zip
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Establishment Address  same as mailing address

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Email Address

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Phone Number	Fax Number
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Type of Business:

- |  |   |
|--|---|
| <input type="checkbox"/> Individual or Sole Proprietorship | <input type="checkbox"/> Public Corporation |
| <input type="checkbox"/> Partnership                       | <input type="checkbox"/> Cooperative        |
| <input type="checkbox"/> Private or LLC Corporation        |   |

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Name of Owner(s) and Percentage of Ownership for each owner

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Federal IRS Tax Number	Minnesota Tax I.D Number (or Owners SS Number)
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If this crematory is a cooperation answer the following questions.

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Place and Date of Incorporation

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Name of Corporation	Corporation Address <input type="checkbox"/> Same as mailing address
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Name of President	City	State	Zip
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Name of Licensed Morticians and Mortician's License Number that work at this establishment

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## Insurance Information

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Name of Insurance Provider

Insurance Policy Number

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Insurance Agents Name

Insurance Agent's Phone Number

I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that misstatement of facts may result in denial of this application.

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Printed Name of Applicant

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Signature of Applicant

Date

Include copies of the following documents with this application:

- Liability insurance coverage
- Filing with the Minnesota Secretary of State
- Occupancy permit or, if not available, proof of zoning from city ordinance
- Application fee payable to Commissioner of Finance

This application will be returned to you if all documents are not mailed together.

Minnesota Department of Health  
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www.health.state.mn.us

07/27/2017

*To obtain this information in a different format, call: 651-201-3829. Printed on recycled paper.*