



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPLICATION FOR CREMATORY LICENSE

FEES DUE:

- Application Fee: \$ 50.00 ◀ Due at time of application
- Original License Fee: \$ 35.00
- Annual Fee: \$ 50.00
- Inspection Fee: \$250.00 ◀ Due at time of application
- **TOTAL FEES DUE: \$385.00**

[For Office Use Only]

Board ID No.: _____

Date Issued: _____

IMPORTANT: \$300.00 is due at the time application is submitted. The remaining \$85.00 is due once the application has been approved.

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** for a license to operate a crematory. I submit the following information.

Name of Crematory: _____

Mailing Address: _____
P.O. Box/Street City State ZIP Code

Physical Address: _____
Street City State ZIP Code

Phone: (____) _____ **Fax:** (____) _____

Owner(s): _____

E-Mail Address: _____

Website Address: _____

Primary Operator(s): _____

Description of Structure Where Crematory Is Located: _____

Description of Crematory Unit: _____

Age of Crematory Unit: _____ **Average Number of Cremations Per Month:** _____

Is there a Mortuary Refrigerator within or connected to? _____

Owner's Signature

Date

Return Completed Application To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov