



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE

FEES DUE:

- Application Fee: \$ 50.00 ◀ Due at time of application
- Original License Fee: \$ 35.00
- Annual Fee: \$150.00
- Inspection Fee: \$250.00 ◀ Due at time of application
- **TOTAL FEES DUE: \$485.00**

[For Office Use Only]

Board ID No.: _____

Date Issued: _____

Type: ☐ A ☐ B

IMPORTANT: \$300.00 is due at the time application is submitted. The remaining \$185.00 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 funeral establishment. I submit the following information.

Name of Establishment: _____

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

Physical Address: _____
Street City State ZIP Code

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

E-Mail Address: _____

Website Address: _____

Establishment Owner(s): _____

Owner(s) Address: _____
P.O. Box/Street City State ZIP Code

The establishment is under the general supervision of _____, Board ID # _____, a duly-licensed Funeral Director. Additional Funeral Directors employed at this establishment are:

_____, Board ID # _____
Name

_____, Board ID # _____
Name

Embalming ☐ is ☐ is not performed at this establishment. Embalming is done under the direct supervision of _____, Board ID # _____, a duly-licensed Embalmer. Additional licensed embalmers employed at this establishment are:

_____, Board ID # _____
Name

_____, Board ID # _____
Name

This establishment ☐ does ☐ does not contain a preparation room and ☐ is ☐ is not equipped with sanitary floors, walls, and ceiling. The room must also have adequate sanitary drainage, disposal facilities, including running water, and must comply with the sanitary standards prescribed by the Arkansas State Department of Health.

If embalming is not performed at this Establishment, it will be done at _____,
a licensed establishment operated by _____.

Street City State ZIP Code Phone No.

No owner of this Establishment has been found in violation of Section 11 of Act 325 of 1983, relating to unprofessional conduct.

It is understood that a license will not be granted until the Establishment has been inspected and approved.

I agree to equip, operate and maintain the same in all respects, as a Funeral Establishment, as required by law and rules of the **Arkansas State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** and the **Arkansas State Department of Health**.

Applicant Signature

Applicant Title

Date

State of _____

County of _____

Subscribed to and sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES _____

****FOR OFFICE USE ONLY****

I, _____, Board Inspector, hereby certify that I have inspected _____
_____, City _____, County _____, of the State of Arkansas,
and find the following conditions:

Inspector 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