

Licensure Unit
 P.O. Box 94986, Lincoln, Nebraska 68509-4986
 402-471-2117 dhhs.licensure2117@nebraska.gov

**Branch or Funeral
 Establishment Application**

FEES and ESTABLISHMENT TYPE:	
<input type="checkbox"/> Funeral Establishment	\$250 \$62.50 If the application is submitted Aug-Jan of odd-numbered years
<input type="checkbox"/> Branch Establishment	\$75 \$25 If the application is submitted Aug-Jan odd-numbered years

Make payable to: Licensure Unit
 Expiration: **Licenses expire February 1st of even-numbered years**

SECTION A: ESTABLISHMENT INFORMATION			
1	Establishment Name:		
2	Establishment Address:	Street/PO/Route:	
		City:	State:
			Zip:
3	Telephone Number:		
4	Date you plan to begin offering services:		

Branch Establishment:

<input type="checkbox"/>	Check this box if changing to a Branch Establishment	Name of the Affiliated Funeral Establishment:	License #:
NOTE: A branch establishment CANNOT provide embalming services AND must have an affiliated Establishment			

SECTION B: TYPES OF SERVICES TO BE PROVIDED BY THE ESTABLISHMENT	
(Check all services to be provided)	
<input type="checkbox"/>	Funeral Services
<input type="checkbox"/>	Funeral Arrangements
<input type="checkbox"/>	Embalming of Dead Human Bodies

NOTE: Branch establishments may be licensed if they are a subsidiary of a licensed funeral establishment and must include an area where any portion of the funeral service or arrangements for the disposition of a dead human body is conducted and must include at least one or a combination of the following rooms/areas:

1. A casket display room; or
2. A viewing area; or
3. An area for conducting funeral services.

A branch establishment does not include embalming services.

SECTION C: OWNER INFORMATION

1	Owner Name:					
2	Address of the Owner of the Business		Street/PO/Route:			
			City:	State:		Zip:
3	Business Phone #: (optional)		Business Fax # (optional)		Owner/Business E-Mail Address: (optional)	
4	Name of each Person in Control of the Business (if space is not adequate, attach additional sheet)					
Indicate the type of owner of this business:						
<input type="checkbox"/> Sole proprietorship			<input type="checkbox"/> Limited liability company that has more than one member			
<input type="checkbox"/> Partnership			<input type="checkbox"/> Corporation			
<input type="checkbox"/> Limited 1 liability company that has only one member			<input type="checkbox"/> Governmental unit			
			<input type="checkbox"/> Other: Identify Type _____			
5	If you are a sole proprietorship (sole owner) , identify the social security number of the owner (this is REQUIRED INFORMATION)					SS #:
	<u>Neb. Rev. Stat. §§38-123 and 38-130</u> requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.					
6	Federal Identification Number (FIN) (in the event a refund is warranted)					FIN#:

SECTION D: MANAGER INFORMATION

Establishment Manager Responsibilities: The designated manager is responsible for all transactions conducted at the establishment, in compliance with the statutes, rules and regulations relating to funeral directing and embalming and establishments.

1	Manager Name:		Manager's License #:
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LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held to provide health related services (such as nursing, EMT, massage, etc.) in a state **other** than Nebraska.

You must submit verification of your license completed by the licensing agency in each State(s) in which you are licensed.

1	Have you ever been denied the right to take a license examination?	If yes, please explain below.		
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	What state(s) are/were you credentialed in?	What type of credential(s) do you hold or have you held?		
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action	Date of Action	Name of Entity Taking Action
		Yes <input type="checkbox"/> No <input type="checkbox"/>		

If you have disciplinary charges pending or if your credential has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

CONVICTION INFORMATION: The manager must list ALL misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides SOME examples of convictions; this is NOT a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have any criminal charges or credential disciplinary actions pending that result in a conviction or credential discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at:** <https://dhhs.ne.gov/pages/Investigations.aspx> or by phone **402-471-0175**.

SECTION E: OPERATION PRIOR TO LICENSE	
If you operate this establishment prior to being issued a license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.	
1	Have you operated this business at this address in Nebraska prior to the application for a license without a current license? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you operated at this address in Nebraska: # of days:

SECTION F: ATTESTATION

If the applicant **is a sole owner** for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows:

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

(check only **ONE** of the boxes below)

I am a citizen of the United States.

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States.

I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

I further attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Signature of Owner

Date

If the owner **is NOT a sole owner**, the application must be signed by the individual(s) indicated below (place a check mark in the appropriate box) and dated:

1. The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited 1 liability company that has only one member;

2. Two of its members if the applicant is a limited liability company that has more than one member;

3. Two of its officers if the applicant is a corporation;

4. The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or

5. If the applicant is not an entity described in 1 through 4 above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

I hereby state that I am the person(s) making application, I am of good character, and the statements on this application are true and complete.

Signature of Owner/Representative

date

Signature of Owner/Representative

date

License Not Transferable: An establishment license is issued only for the name, owner and manager named in the application and is not transferable or assignable.

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License #:	Phone #:
Establishment Name:	
Address:	
City/State/Zip	
Manager's Name:	

SECTION A: Licensees Employed in Funeral Establishment

(list the license # of each employee)

Print the Names of the Employees Who Provide Funeral Directing and Embalming at this Location (including apprentices):	Funeral Director and Embalmer	Apprentice	Funeral Director ONLY	Embalmer ONLY

SECTION B: Self-Inspection Date and Signature

Date of Inspection _____

Signature of Manager _____

SECTION C: Inspection

Check YES, if you meet the regulation and No if you do not meet the regulation, If you mark NO, you must provide an explanation.

#	Regulation	Requirement	Yes	No (If marked no, you must provide an explanation)
1	010 DOCUMENTS	Copies of the following must be posted or available in establishments:		
		<p>Posted: The following must be posted for public viewing:</p> <p>(A) The current establishment license;</p> <p>(B) The current license of the manager and all embalmers, apprentices, funeral directors and funeral directors and embalmers employed by the establishment; and</p> <p>(C) A sign containing the name of the establishment. The sign must be located on or at the front of the building in a position where it clearly is visible and legible from the outside of the building.</p> <p>Available: If funeral arrangements are made, written statements containing a list of principal services and furnishings to be supplied by the funeral director and embalmer for the preparation and burial or cremation of a dead human body, including a general price list must be provided to the customer.</p>		
2	008.01 PHYSICAL STRUCTURE	The physical structure must be maintained to ensure safety of the public and to ensure compliance with the equipment and sanitation requirements		
3	008.01(A) CONDUCTING FUNERAL SERVICES	Conducting Funeral Services: If services will include conducting funeral services for dead human bodies, the funeral establishment must have room(s) for:		
		(1) Counseling families or next of kin;		
		(2) Conducting the funeral service; and		
		(3) Viewing the deceased.		
		The room(s) must have floor to ceiling walls on all sides, and must be either a part of the funeral establishment or located at a licensed branch establishment, which is within a reasonable distance of the funeral establishment.		
		The room(s):		
(1) Must have space for public seating;				
(2) Must have space for viewing the dead human body; and				
(3) May have an adjacent area for cosmetic services and dressing of the deceased body for viewing purposes.				
A casket selection area, which has either a catalogue or electronic media for ordering caskets, or has sample caskets displayed.				
Motor vehicles, such as, but not limited to: funeral coach, sedans and vans.				
A general price list (GPL).				
4	008.01(B) PREPARATION FOR FINAL DISPOSITION 008.01(B)(i) PREPARATION ROOM	Preparation for Final Disposition: If services include preparation for burial, disposition or cremation, the funeral establishment must include:		
		A preparation room for preparing dead human bodies for burial or other final disposition which has floor to ceiling walls on all sides that are cleanable, such as tile or other suitable hard surfaces, and ventilation that meets the Occupational Safety and Health Administration (OSHA) requirements. The preparation room must be clean and sanitary and contain equipment necessary for preparation of dead human bodies.		
5	008.01(B)(ii) MATERIALS OR SUPPLIES	MATERIALS OR SUPPLIES. Materials or supplies which come in contact with a dead human body must not be used more than once without being first completely cleansed, disinfected, and then laundered.		
6	008.01(B)(iii) BIO-WASTE MATERIALS	Bandages, cotton, and other bio-waste materials that have been in contact with bodily fluids must be destroyed or placed in the bio-waste receptacle for removal by a waste removal service immediately at the conclusion of each case.		
7	008.01(B)(iv) EQUIPMENT WITHIN A MOTOR VEHICLE	All equipment within a motor vehicle used for the transportation of deceased persons, which comes in contact with a deceased person, must be thoroughly disinfected immediately at the conclusion of each instance of transportation.		