



# Funeral Establishment License or Branch Establishment Registration Application

Funeral and cemetery establishments can use this form to:

- apply for a license or to register a branch.
- report a change of establishment name or ownership structure.

FOR VALIDATION ONLY

Select one:

- Establishment license – **\$400**
- Branch registration – **\$350**
- Change of designated funeral director – **no fee**
- Establishment name change only – **no fee**

Branch funeral establishments must operate under the same name as the main establishment. WAC 308-48-210

**When a fee is required**, send this completed form, a check or money order for the fee payable to the State Treasurer, and a copy of the articles of incorporation when the establishment is owned by a corporation to:

**Funeral and Cemetery Licensing, Department of Licensing, PO Box 9048, Olympia, WA 98507**

**When no fee is required**, send this completed form to:

**Funeral and Cemetery Licensing, Department of Licensing, PO Box 9012, Olympia, WA 98507**

### Establishment/Branch

<b>PRINT or TYPE</b> Name of establishment or branch			
Street address			
City	State	ZIP code	County
(Area code) Daytime telephone	Mailing address <i>(if different)</i>		
Licensed funeral director name <i>(Last, First, Middle initial)</i>			
If a branch, name of parent establishment			
Street address			
City	State	ZIP code	County
(Area code) Daytime telephone	Mailing address <i>(if different)</i>		
Licensed funeral director name <i>(Last, First, Middle initial)</i>			
Crematory address <i>(if one is owned or operated by this establishment or located on property owned by this funeral establishment)</i>			
Washington corporation number <i>(if applicable)</i>		Washington revenue tax number/Unified Business Identifier	
Type of business			
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		<i>If partnership or corporation, attach a copy of the partnership agreement or Articles of Incorporation</i>	

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**For office use only**

24003 _____	Certificate date _____
_____	Certificate number _____

