



# Funeral Establishment License or Branch Establishment Registration Application

Funeral establishments and funeral establishment branches can use this form to:

- apply for a license
- register a branch
- change your designated funeral director
- report a change of establishment name or ownership structure

Apply online: <https://professions.dol.wa.gov>

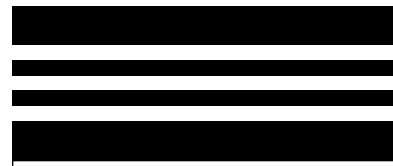
Or by mail: **When a fee is required**, send this completed form, any required attachments, and a check or money order for the fee (payable to Department of Licensing) to:

Funeral and Cemetery Licensing  
Department of Licensing  
PO Box 3777  
Seattle, WA 98124-3777

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

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

For questions or language help call: (360) 664-1575



### 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

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.
- \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Establishment/Branch

<b>PRINT or TYPE</b> Name of establishment or branch			
Street address			
City	State	ZIP code	County
Mailing address <i>(if different)</i>			
(Area code) Phone number		Email	
Licensed funeral director name <i>(Last, First, Middle initial)</i>			
If a branch, name of parent establishment			(Area code) Phone number
Street address			
City	State	ZIP code	County
Mailing address <i>(if different)</i>			

**Establishment/Branch** *continued*

Licensed funeral director name ( <i>Last, First, Middle initial</i> )ashington corporation number ( <i>if applicable</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> )	UBI/UBI Business ID/UBI Location ID (16 digits)
Type of business <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership* <input type="checkbox"/> Corporation* <input type="checkbox"/> LLC* * If partnership, corporation, or LLC, attach a copy of the partnership agreement or Articles of Incorporation	

**Sole proprietor, partner, corporate, LLC officer data**

<b>1</b>	Name	Title ( <i>sole proprietor, partner, corporate, LLC officer</i> )		
	Address	City	State	ZIP code
<b>2</b>	Name	Title ( <i>sole proprietor, partner, corporate, LLC officer</i> )		
	Address	City	State	ZIP code
<b>3</b>	Name	Title ( <i>sole proprietor, partner, corporate, LLC officer</i> )		
	Address	City	State	ZIP code
<b>4</b>	Name	Title ( <i>sole proprietor, partner, corporate, LLC officer</i> )		
	Address	City	State	ZIP code
<b>5</b>	Name	Title ( <i>sole proprietor, partner, corporate, LLC officer</i> )		
	Address	City	State	ZIP code
<b>6</b>	Name	Title ( <i>sole proprietor, partner, corporate, LLC officer</i> )		
	Address	City	State	ZIP code

*Attach additional pages as required*

**Legal background**

Answer the following  
 Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit? .....  Yes    No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) .....  Yes    No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

	TYPE or PRINT Name
	Title
	<b>X</b>
	Signature of owner, partner, or corporate officer

**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**