

## Application Deadline: June 30th Applications received after July 1 will be assessed a \$ 150.00 late fee TWO YEAR LICENSE

## **NEW FEES IN EFFECT**

179 Summers Street, Suite 319 Charleston, WV 25301 304.558.0302

DEMOGRAPHIC INFORMATION: Please make corrections in Red Ink.						
Corporate or Parent Company			FEIN No.			
Board License No.			Business Type			
Board License No.			business Type			
Business Name			Affiliated Funeral Home, if any			
Location			Mail Address			
			CITY, STATE, ZIP			
County	Phone		Email			
Operator-In-Charge						
Officers of Company or Owner's Name						
CREMATORY OPERATORS EMPLOYED BY CREMATORY: Please make corrections in Red Ink.						
1.		5.				
2. 3.		6.				
3.	,	7.				
4.		8.				
List additional crematory operators on sep	arate sheet of paper.					
OPERATOR-IN-CHARGE CERTIFIC						
I understand that I shall be named on the above-state						
conducted by the crematory owners and staff as well advertisements, stationery, price lists, and other corre		olic services	conducted by owners and staff, includi	ng the responsibility for all		
advertisements, stationery, price rists, and other conv	espondence as such.					
I swear that should my authority as Crematory Opera	tor in Charge cease or become compr	romised, for	any reason whatsoever, I will immedia	tely notify this Board thereof.		
Crematory Operator-In-Charge Signature:	Date:	Witness:		Date:		
		<u> </u>				

 $Do \ \underline{NOT} \ separate \ application \ from \ stub. \ Return \ entire \ form \ and \ payment \ to \ the \ address \ below.$ 

State of West Virginia

Board of Funeral Service Examiners

APPLICATION FEES: Attach the following fee to this application and mail to address listed below.								
License Number	Due Date	Amount Due	After July 1	After 90 days past the due date, this application becomes invalid and				
		June 30th		applicant must apply for reinstatement. Contact WVBFSE for more				
	06/30/2020	\$440.00	\$630.00	information on reinstatementREINSTATEMENT				
				FEE \$ 350.00,INSPECTION FEE \$ 375.00, RENEWAL FEE \$ 440.00,				
				TOTAL - \$ 1165.00				

Make check or money order payable to: "WVBFSE". Cash and credit card payments can not be accepted.

MAIN FACILITY: DBA NAME: ADDRESS: CITY, STATE, ZIP: Mail ENTIRE FORM to:
Board of Funeral Service Examiners
179 Summers Street, Suite 319
Charleston, WV 25301