

Application Deadline: June 30th

Applications received after July 1 will be assessed a \$ 190.00 late fee

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.		Tax Department License No.
DBA Name		Business Type (Corporation, Sole Proprietorship, LLC, etc.)
Location		Mail Address
County	Phone	Email
LIC Name		
Officers of Company or Owner's Name		

EMPLOYEES: FD = Funeral Director, P = Preneed salesperson, A = Apprentice. Please make corrections in Red Ink.

DATE OF BIRTH: 12-1-1968	NAME: ANAND K. SHARMA	ADDRESS: 12345 Main Street, New York, NY 10001	PHONE: 212-555-1234

List Additional Employees on separate sheet of paper.

LICENSEE-IN-CHARGE CERTIFICATION OF RESPONSIBILITY (must be a full-time employee and a licensed funeral director)

I understand that I shall be named on the above-stated funeral establishment license as LICENSEE-IN-CHARGE, and therefore, shall be responsible for all transactions conducted by the funeral establishment owners and staff as well as the entire scope of private and public services conducted by owners and staff, including the responsibility for all advertisements, stationery, price lists, and other correspondence as such.

I swear that should my authority as Licensee-In-Charge cease or become compromised, for any reason whatsoever, I will immediately notify the West Virginia Board of Funeral Service Examiners thereof.

Licensee-In-Charge Signature:	Date:
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Do 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 applicant must apply for reinstatement. REINSTATEMENT FEE \$ 350.00, INSPECTION FEE \$ 375.00, RENEWAL FEE \$ 500.00, LATE FEE \$ 190.00 TOTAL - \$ 1,415.00 Contact WVBFS for more information on reinstatement.
MF#	June 30th	\$500.00	\$690.00		

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

DBA name:
Address:
City, State, Zip

Mail ENTIRE FORM to:
Board of Funeral Service Examiners
179 Summers Street – Suite 319
Charleston, WV 25301