



Branch Funeral Establishment New Application

WEST VIRGINIA BOARD OF FUNERAL SERVICE EXAMINERS

Application Deadline: 30 days prior to opening for business NEW FEES IN EFFECT

179 Summers Street, Suite 319
Charleston, WV 25301
304.558.0302

LICENSES ARE ISSUED BIENNIALLY, SET TO EXPIRE ON JUNE 30TH. FOR INSTANCE, IF YOU APPLY IN MAY.
YOUR LICENSE WILL BE ISSUED FOR ONLY 14 MONTHS. FEES CAN NOT BE PRORATED.

DEMOGRAPHIC INFORMATION: Please type or print
Corporate or Parent Company FEIN No. Tax Department License No.
Board License No. Affiliated Main Establishment Miles from Main Facility
Business Name Business Type (Corporation, Sole Proprietor, LLC, etc.)
Location Street Address Mail Address
City-State-Zip County Phone City-State-Zip
Licensee-In-Charge Email
Officers of Company or Owner's Name

EMPLOYED FUNERAL DIRECTORS, APPRENTICES, PRE-NEED SALES PERSONS: List each of these employees.
(1) Name Title (6) Name Title
(2) Name Title (7) Name Title
(3) Name Title (8) Name Title
(4) Name Title (9) Name Title
(5) Name Title (10) Name Title

List Additional Employees on separate sheet of paper.

OWNER(S) CERTIFICATION:
I do herewith make application to the WV Board of Funeral Service Examiners for a license to operate a BRANCH funeral establishment within this state. I certify that I have the authority to speak for the above-named funeral establishment and publicly swear that the Licensee-In-Charge, who has signed the Certification of Responsibility below, is a full-time employee of this funeral establishment and the Licensee-In-Charge has been vested with such authority to manage, conduct, and have supervision of the work and business of the this funeral establishment and is responsible therefore.
I do solemnly swear that the above-stated funeral establishment will be equipped, maintained, and conducted strictly in compliance with all the laws and rules of West Virginia and the United States of America, including but not limited to OSHA standards, FTC standards, ADA standards, state public health laws, preneed laws, and the Funeral Service Examiners Act of West Virginia.
Owner Signature: Date: Witness: Date:

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: Witness: Date:

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.
Type Due Amount Due
New Branch Funeral Home 30 days prior to opening \$755.00 (includes \$440.00 application fee and \$315.00 inspection fee)

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

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

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