



Funeral Establishment/Branch License Application and Information Change Request

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 35001
Seattle, WA 98124-3401

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—**\$540**
- Branch registration—**\$473**
- 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

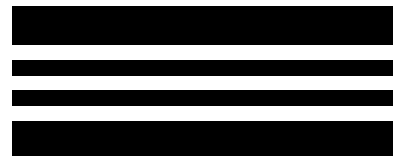
Licenses are available for self-printing with an online account.

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

PRINT or TYPE Name of establishment or branch			
Street address			
City	State	ZIP code	County
Mailing address (if different)			
10-digit phone number	Email		
Designated funeral director name (Last, First, Middle initial)			Designated funeral director license number
Designation acceptance Has your designated funeral director been informed of and accepted this designation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If a branch, name of parent establishment			10-digit phone number
Street address			
City	State	ZIP code	County



Establishment/Branch *continued*

Parent establishment mailing address <i>(if different)</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

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