Application for a Funeral Establishment Change of Ownership

MORTUARY SCIENCE

General Instructions

In accordance with Minnesota Statutes section 13.41 (https://www.revisor.mn.gov/statutes/cite/13.41), **all data submitted on this license application shall be classified public information upon issuance of a license.**

This application is for individuals and organizations applying for a funeral establishment license due to a proposed change of ownership or transfer of a controlling interest to a different entity. Per Minnesota Statutes 149A.50 (https://www.revisor.mn.gov/statutes/cite/149A.50), licenses are not transferable and a new license must be issued when there is a change of ownership or location.

Instructions for Attachments

Applicants must submit the application and required attachments to MDH. Include copies of the following documents with this application:

- Liability insurance coverage
- Filing with the Minnesota Secretary of State
- Occupancy permits or, if not available, proof of zoning from city ordinance
- Application fee payable to the Department of Health
- Notarized bill of sale or transfer agreement, signed by both parties (seller/buyer)

Keep a copy of the application and attachments for your records.

Submission of Application Fee Payment

All applications must be accompanied by the appropriate fee of $425.00.

Make check payable to “Minnesota Department of Health.”

Please note provider type in memo section on check (example: Mortuary Science Funeral Establishment CHOW).

Mail completed application and payment to:

Mortuary Science Section
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Current Funeral Establishment Owner Information

Name of Establishment:_____

Establishment License Number:_____

Applicant Information

Name of Funeral Establishment (if changed):_____

Date of Ownership Change:_____

Establishment Physical Address:_____

City/State/Zip:_____

Mailing Address (if different):_____

City/State/Zip:_____

Permanent Email Address:_____

Federal Tax Identification Number (FEIN) registered with the Internal Revenue Services (IRS) (https:\www.irs.gov\):_____

Minnesota Tax ID Number registered with Minnesota Department of Revenue (https://www.revenue.state.mn.us/):_____

Business Entity Type

☐ Individual or Sole Proprietorship

☐ Partnership

☐ Private or LLC Corporation

☐ Public Corporation

☐ Cooperative

Individual Owner Information

Provide the name(s), contact information, and ownership percentage of each individual owner.

Name of Owner(s):_____

Ownership Percentage:_____

Telephone:_____

Permanent Email Address:_____

Name of Owner(s):_____

Ownership Percentage:_____

Telephone:_____

Permanent Email Address:_____

Name of Owner(s):______________________________

Ownership Percentage:______________________________

Telephone:______________________________

Permanent Email Address:______________________________

Corporation Information

Name of Corporation:______________________________

Place of Incorporation:____________________ Date of Incorporation: ____________________

Corporation Physical Address:______________________________

City/State/Zip:______________________________

Name of President:______________________________

Corporate Mailing Address (if different):______________________________

City/State/Zip:______________________________

Employee Information

List names of all licensed morticians and registered interns at funeral establishment.

Licensed Mortician/Registered Intern First and Last Name:____________________

Licensed Mortician/Registered Intern Number:____________________

Licensed Mortician/Registered Intern First and Last Name:____________________

Licensed Mortician/Registered Intern Number:____________________

Licensed Mortician/Registered Intern First and Last Name:____________________

Licensed Mortician/Registered Intern Number:____________________

Licensed Mortician/Registered Intern First and Last Name:____________________

Licensed Mortician/Registered Intern Number:____________________

Licensed Mortician/Registered Intern First and Last Name:____________________

Licensed Mortician/Registered Intern Number:____________________

Licensed Mortician/Registered Intern First and Last Name:____________________

Licensed Mortician/Registered Intern Number:____________________

Insurance Information

Provide proof of liability insurance coverage.

Name of Insurance:______________________________

Insurance Policy Number:______________________________

Insurance Agent’s Name:____________________ Insurance Agent’s Telephone:____________________

Verification

- ☐ I understand pursuant to Minnesota Statutes 13.04 (https://www.revisor.mn.gov/statutes/cite/13.04) Rights of Subjects of Data, the commissioner will use information provided in this application, which may include an in-person or telephone conference, to determine if the applicant meets the requirements for Chapter 149A requirements for licensure. I understand I am not legally required to supply the requested information; however, failure to provide information or the submission of false or misleading information may delay the processing of my application or may be grounds for denying a license.
- ☐ I understand in accordance with Minnesota Statutes 144.051 (https://www.revisor.mn.gov/statutes/cite/144.051) Data Relating to Licensed and Registered Persons, all data submitted on this application shall be classified as public information upon issuance of a provisional license or license except for internship case report data. All data submitted are considered private until MDH issues a license.
- ☐ I understand that information submitted to the Commissioner in this licensing application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, staff of the Attorney General's office, and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or determination of your qualifications, and to persons you designate.
- ☐ I understand if the license application becomes contested and thereby results either in a contested-case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.
- ☐ I understand that providing false information may result in denial of this application.
- ☐ I certify that the information provided on this form is true and correct to the best of my knowledge.

The undersigned hereby submits this application to change ownership of a crematory subject to the provisions of Minnesota Statutes 149A (https://www.revisor.mn.gov/statutes/cite/149A).

Printed Name of Applicant:_____

Signature of Applicant:_____

Date:_____

Minnesota Department of Health
Health Regulation Division
Mortuary Science
PO Box 64882
St. Paul, MN 55164-0882
651-201-4200
health.mortsci@state.mn.us
www.health.state.mn.us

02/23/2024

To obtain this information in a different format, call: 651-201-4200.