

# Application for New Licence to Operate a Funeral Home

## Embalmers and Funeral Directors Act, Newfoundland and Labrador

|  |  |             |  |
|--|--|-------------|--|
| <b>Name of New Home</b>  |  |             |  |
| Owners Name  |  | Postal Code |  |
| Street   |  | Telephone   |  |
| PO Box   |  | Cell Phone  |  |
| City/Town  |  | Email       |  |
|  |  |             |  |
| <b>The Following Items Are Enclosed (Please check the items that are enclosed)</b>   |  |             |  |
|  | Municipal Council Approval   |             |  |
|  | Service NL approval  |             |  |
|  | Copy of Funeral Director's licence who will be managing this home. |             |  |
|  | Fee as prescribed by the Board (see website for prescribed fees)   |             |  |
|  |  |             |  |
| <b>After construction is completed I will request the Registrar of the Board to authorize an inspection of the completed facility. I will not commence operation until I have acquired the above mentioned inspection, stating that the facility is acceptable for the purpose of operating a Funeral Home</b> |  |             |  |
|  |  |             |  |
|  |  |             |  |
| <b>Signature Block</b>   |  |             |  |
| Date   |  |             |  |
| Applicant (please print)   |  |             |  |
| Applicant Signature  |  |             |  |
| <p><b>Please return this application to:</b></p><br><p><b>The Embalmers and Funeral Directors Board of Newfoundland and Labrador</b><br/> <b>PO Box 839</b><br/> <b>Lewisporte, NL</b><br/> <b>A0G 3A0</b></p> <p><b>nlfuneralboard@gmail.com</b></p>  |  |             |  |