



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS**

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

**APPLICATION FOR CORPORATION LICENSE RENEWAL**

*(Requirements per COMAR 10.29.03, 10.29.04 and Title 7-309)*

**Please print clearly.** All sections must be completed. Corporation licenses expire on November 30th every two years. The nonrefundable renewal fee is \$975.

- [Pay \\$975.00 Renewal Payment](#)
- [Pay \\$400.00 Late Fee](#)
- [Submit Renewal Application](#)

**SECTION I - GENERAL INFORMATION**

License No. C: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

\_\_\_\_\_

Establishment Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Employer Identification No.: \_\_\_\_\_

The Health Occupations Article, §1-202, requires that you verify that you are complying with the Maryland Workers' Compensation Act. This section **must be completed** for your renewal license to be issued. I hereby certify that:

☐ I am exempt because I do not employ anyone in my establishment.

☐ I employ one or more persons in my establishment and have the following coverage (**attach certificate of compliance or provide information below**):

Name of Insurance Company: \_\_\_\_\_

Policy or Binder Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## SECTION II - CORPORATION DESCRIPTION

- A. **Officers and Positions:** Attach additional pages if necessary.

Name	Position	Address
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Name	Position	Address
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Name	Position	Address
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Name	Position	Address
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- B. **Business Structure Ownership:** (List all names of any individual, corporation, or other business entities, which either directly or indirectly hold an ownership interest of ten percent (10%) or more in the corporation or business entity that operates the funeral establishment ownership interest in the establishment. Attach additional pages if necessary.)

Name of Partner 1: \_\_\_\_\_ License No.: \_\_\_\_\_

Name of Partner 2: \_\_\_\_\_ License No.: \_\_\_\_\_

Name of Partner 3: \_\_\_\_\_ License No.: \_\_\_\_\_

- C. **Licensees:** (List all the Maryland licensed morticians and funeral directors your establishment employs. Attach additional pages if necessary.)

Name of Supervising Mortician: \_\_\_\_\_ License No.: \_\_\_\_\_

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

- D. **Apprentices:** List all apprentices that you employ. Attach additional pages if necessary. ☐ N/A

Apprentice Name: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

Apprentice Name: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

Apprentice Name: \_\_\_\_\_ Sponsor's Name: \_\_\_\_\_

**VERIFIED APPLICATION UNDER PENALTIES OF PERJURY**

**I HEREBY DECLARE** that I am a mortician licensed in the State of Maryland and approved by the State Board of Morticians and Funeral Directors, and I agree to perform the actual and personal responsibilities of a supervising mortician.

I further declare that I will advise the Board of any termination or cessation of my responsibilities as supervising mortician **within 10 calendar days** of the change per **COMAR 10.29.03.03**.

\_\_\_\_\_  
Signature of Supervising Mortician

M: \_\_\_\_\_  
License Number

**STATE:** \_\_\_\_\_

**CITY/COUNTY:** \_\_\_\_\_

**I HEREBY CERTIFY** that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, a

Notary Public of the State and City/County aforesaid, personally appeared \_\_\_\_\_  
Licensee

and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary

act and deed of \_\_\_\_\_.  
Licensee

**AS WITNESSETH** my hand and Notarial Seal.

**SEAL**

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_