



Minnesota Department of Health
Mortuary Science Section
P.O. Box 64882
St. Paul, Minnesota 55164-0882
Phone (651)201-3829 Fax (651)201-3839

Application for License to Operate a Crematory

The undersigned hereby makes application to operate a funeral establishment subject to the provisions of Minnesota Statutes, sections 149A.52 and 149A.65. Include application fee of \$425.00 payable to: Commissioner of Finance.

- 1. Name of Crematory
2a. Address
2b. City 2c. State MN 2d. Zip 2e. County
3a. Phone 3b. Fax 3c. E-mail
4. Type of business is: (check one) 4a. Individual/Sole Proprietorship 4b. Partnership
4c. Private/LLC Corporation 4d. Public Corporation 4e. Cooperative
5a. Provide name of the corporation:
5b. Provide name(s) of owner(s) and percentage of ownership:
6a. Federal IRS tax number: 6b. Minnesota Tax I.D. Number (or owner's SS#)
7a. If a corporation, provide the place and date of incorporation
7b. President
7c. Manager
7d. Address
7e. City 7f. State 7f. Zip
8. All applicants must provide proof of liability insurance coverage.
8a. Insurance provider 8b. Policy number
8c. Agent's name 8d. Agent's phone number
9. I certify that the information provided on this form is true and correct to the best of my knowledge. I understand that misstatement of facts may result in denial of this application. I further certify that the applicant crematory does not owe outstanding Minnesota tax obligations.
9a. Signature of applicant 9b. Date signed
9c. Type name of applicant
10a. Subscribed and sworn to before me this ___ day of ___, 20__.

10b. Signature of Notary

10c. Notary Stamp

Except for your name and address, all of the information on this form is private until such time as the license is issued, after which all the information becomes public pursuant to Minnesota Statutes, section 13.41. Item 6 must be provided prior to the issuance of a certification pursuant to Minnesota Statutes, section 270.72.