

# Change of Ownership

## CREMATORY

The undersigned hereby submits this application to change ownership of a funeral crematory subject to the provisions of Minnesota Statutes, section 149A. Include an application fee of \$425 payable to the Commissioner of Finance.

### Current Crematory Owner Information

Name of Crematory	Crematory License Number
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Crematory Address	City	State	Zip
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Email Address	Phone Number
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### New Crematory Ownership Information

New Name of Crematory	Date of Ownership Change
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Crematory Address	City	State	Zip
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Mailing Address (if different from above)	City	State	Zip
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Federal IRS Tax I.D.	MN Tax I.D.
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Name of Owner(s) and Percentage of Ownership	Email Address	Phone Number
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Type of Business:

Individual or Sole Proprietorship    
  Partnership    
  Private or LLC Corporation    
  Public Corporation    
  Cooperative

Name of Corporation	Place of corporation	Date of corporation
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Corporation Address <input type="checkbox"/> Same as mailing address	City	State	Zip
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Name of President
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Name of Licensed Morticians and Mortician's License Number Working at this Crematory
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CHANGE OF OWNERSHIP: CREMATORY ESTABLISHMENT

**Insurance Information (All applicants must provide proof of liability insurance coverage)**

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Name of Insurance Provider

Insurance Policy Number

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Insurance Agents Name

Insurance Agent's Phone Number

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.

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Printed Name of Applicant

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Signature of Applicant

Date

Include copies of the following documents with this application:

- Liability insurance coverage
- Filing with the Minnesota Secretary of State
- Occupancy permit or, if not available, proof of zoning from city ordinance
- Application fee payable to Commissioner of Finance

This application will be returned to you if all documents are not mailed together.

Minnesota Department of Health  
PO Box 64882  
St. Paul, MN 55164-0882  
651-201-3829  
health.mortsci@state.mn.us  
www.health.state.mn.us

09/20/2017

*To obtain this information in a different format, call: 651-201-3829. Printed on recycled paper.*