

# Change of Ownership

## FUNERAL ESTABLISHMENT

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

### Current Funeral Establishment Owner Information

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

New Name of Establishment	Date of Ownership Change
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Establishment 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 Incorporation	Date of Incorporation
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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 Establishment
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CHANGE OF OWNERSHIP: FUNERAL 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  
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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.*