**APPLICATION FOR SOLE PROPRIETOR CREMATORY PERMIT**

**(Non-Refundable Permit Application Fee-$350.00)**

**Type of Application:** (Please check one) Initial Permit \_\_\_\_\_

 Renewal of Permit Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please review and provide the required information below: (*Print Legibly or Type*)**

|  |  |
| --- | --- |
|  | **Crematory Information** |
| 1. **Crematory Name**
 |  |
| 1. **Tax ID #**
 |  |
| 1. **Crematory Physical Address**

(Post Office Box not accepted) |   (City) (County ) (State) ( Zip-Code) |
| 1. **Crematory Mailing Address**

(If different from Physical Address) |   (City) (County ) (State) ( Zip-Code) |
| 1. **Crematory Email**
 |  |
| 1. **Crematory Phone #**
 |   |
| 1. **Crematory Fax #**
 |  |
| 1. **Name of Registered Crematory Operator**

(Acting as the Responsible Party) |  |
| 1. **Registered Crematory Operator Email**
 |  |
|  | **Crematory Owner’s Information** |
| 1. **Name of Owner**
 |  |
| 1. **Owner’s Address**
 |  (City) (County ) (State) ( Zip-Code) |
| 1. **Owner’s Phone #**
 |  |
| 1. **Owner’s Fax #**
 |  |
| 1. **Owner’s Email**
 |  |
|  | **License and Permit Information** |
| 1. **Other Maryland**

**Death Care Industry Professional Licenses or Permits**(Provide: Type, Issue Year & Expiration Year) |  |
| 1. **Other Maryland**

**Professional Licenses or Permits**(Provide: Type, Issue Year & Expiration Year) |  |
| 1. **Other Out-of-State**

**Professional Licenses or Permits** (If Applicable-Provide: Type, Issue Year & Expiration Year) |  |
|  | **Additional Information** |
| 1. **Number of Cremators**
 |  |
| 1. **Number of Crematory Operators**
 |  |
| 1. **Name of Crematory**

 **Operators****(**Provide Registration #) |  |
| 1. **Crematory Manufacturer**
 |  |
| 1. **Crematory Manufacturer Address**
 | (City) (County ) (State) ( Zip-Code) |
| 1. **Crematory Manufacturer Phone #**
 |  |
| 1. **Crematory Manufacturer Fax #**
 |  |
| 1. **Crematory Manufacturer Email**
 |  |
| 1. **Last Crematory Inspection by Manufacturer**

(Date & Name of person conducting inspection) |  |
| 1. **Last Crematory Inspection Results**

(Check one) \***If Other Provide Explanation\*** |  Passed Failed Other  |
| **Affiliated Crematory’s Name** |  |
| 1. **Affiliated Crematory’s**

 **Address** |  (City) (County ) (State ) ( Zip-Code) |
| 1. **Affiliated Crematory’s Phone #**
 |  |
| 1. **Affiliated Crematory’s Name**
 |  |
| 1. **Affiliated Crematory’s**

 **Address** |   (City) (County ) (State ) ( Zip-Code) |
| 1. **Affiliated Crematory’s Phone #**
 |  |
| 1. **Proof of Stability and Certification**

**\*\*(Attachment Required)\*\*** | If the crematory is a new crematory, attach an affidavit stating that the Sole Proprietor:1. Is financially stable; and
2. Has the ability to continue to operate the crematory business for a 2-year period after issuance of a permit.
 |
|  | If the crematory is a new crematory, which was not in operation prior to March 31, 2014, attach proof of certification of your Crematory Operator by:1. The Cremation Association of North America (CANA);
2. The International Cemetery, Cremation and Funeral Association (ICCFA); or
3. Another equivalent body recognized by the Office and the State Board of Morticians.
 |
| 1. **Attachment Included**

(Answer Yes or No) |  Yes No  |
| 1. **A. Read and Respond**

(Answer Yes or No) | Has the business applicant ever had a license, certification, registration or permit of the type for which application is being made denied, suspended or revoked by Maryland or any jurisdiction? Yes No  |
| **B. Read and Respond** | Has the business applicant had any civil judgments or settlements within the 5 years prior to filing this application which relate directly to the operation of a crematory business? Yes No  |
| **C. Read and Respond** | Has the business applicant ever filed for bankruptcy? Yes No  |
|  | **Affirmation**(Must be completed by the Responsible Party) |

I hereby affirm that the permit applicant has paid all undisputed Federal or State taxes or fees and unemployment insurance contributions payable to the Comptroller or the Department of Labor or has provided for payment in a manner satisfactory to the unit responsible for collections.

I hereby affirm that the Sole Proprietor who is applying for this permit is financially stable.

I hereby attest to the fact that the applicant has the ability to read and write.

\_\_\_\_\_\_ The permit applicant has workers’ compensation coverage, policy/blinder no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ issued by the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (Name of Insurance Company)

I authorize an investigation of all statements made by the representatives of the permit holder, including any investigation of an employee registrant which would require the Office to subpoena certain documents created by the permit holder and its officers, directors, members, partners, agents and employees.

I understand that any misrepresentation or omission of fact on this application and supplementary forms may be cause for refusal to issue a permit to operate a crematory in Maryland. **I further understand that it is my responsibility under law to notify the Office of any change of information in this application, occurring either prior or subsequent to the issuance of the permit, within one week of the date of the change.**

I understand that the business applicant must comply with all applicable laws and regulations of the State of Maryland relating to Cremation.

I hereby affirm under penalties of law, that all statements made on this application are true and correct to the best of my knowledge, information and belief.

Applicant’s Responsible Party’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Responsible Party’s Name

(Please print or type):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OCO Executive Director Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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