

Oregon Mortuary and Cemetery Board  
800 NE Oregon Street, Suite 430  
Portland, OR 97232-2195  
971-673-1507 / 971-673-1501 fax  
www.oregon.gov/MortCem  
mortuary.board@state.or.us (email)

## **INITIAL APPLICATION FOR OREGON CERTIFICATE OF AUTHORITY TO OPERATE A CREMATORIUM INSTRUCTIONS**

In no event shall a crematorium be operated without the appropriate license to operate. All licensed facilities are subject to the inspection and approval of the Board. OAR 830-040-0040.

OAR 830-040-0040 provides that all facility applications shall specify the real and true names of the person(s) who own or have an interest in the licensed facility, including percentages of ownership. Applications must also specify the names of all principals.\* If the principal is a corporation, the application shall include the names of all principals of that corporation, pursuant to OAR 830-040-0000 (4).

\* **Principal** means those persons who have controlling authority over the licensed facility, including but not limited to:

- (a) Managers or other persons who have decision-making authority and whose primary duties include control over the operation of the licensed facility;
- (b) Officers or directors who have some degree of responsibility for the operation of the licensed facility;
- (c) Stock holders or corporations who own or control ten percent or more of the licensed facility by owning or controlling ten percent or more of the voting stock; and
- (d) Partners.

OAR 830-011-0050 (1) provides that all principals of licensed facilities must submit to a background investigation. A Background Information Questionnaire form will need to be completed by each principal identified on the facility application, and submitted with the facility application. If any of the proposed principals currently holds a personal license issued by the Board, the proposed principal does not need to submit a Background Information Questionnaire. The Board may deny, suspend or refuse to issue or renew a facility license based upon adverse conditions related to any manager or other principal of the facility.

### **Secretary of State, Corporation Division Registration**

Each licensed facility must be registered with the Board by its true corporate, firm or individual name. In addition, one assumed business name (ABN), as registered with the Corporation Division, may be used by each licensed facility. OAR 830-040-0030.

You are not required to register an ABN with the Corporation Division. However:

- a. If you do not have an ABN, you must use only your true individual or firm name or your business entity name, exactly as registered with the Board and the Corporation Division.
- b. “Real and true name” means the surname of an individual coupled with a combination of the individual’s given names and initials, or the corporate name of a domestic corporation stated in the articles of incorporation or amendment filed with the Office of the Secretary of State or the corporate name of a foreign corporation as stated under ORS 60.707 (1)

ORS 648.007(1) provides that no person or business entity shall carry on, conduct or transact business under an assumed business name unless the person or the business entity has registered the assumed business name.

Entity includes a foreign or domestic corporation, foreign or domestic nonprofit corporation, foreign or domestic profit or nonprofit unincorporated association, foreign or domestic business trust, foreign or domestic estate, foreign or domestic limited partnership, foreign or domestic general partnership, foreign or domestic limited liability company, foreign or domestic business trust, two or more persons having a joint or common economic interest, any state, the United States or any foreign government.

- c. The facility name must contain words that identify the kind of business or activity in which the licensed facility is engaged, i.e.: funeral establishment, immediate disposition company, cemetery or crematory. OAR 830-040-0000 (3). If the true name or business entity name does not contain such identifying words, you must register an ABN that does. This identifying name, exactly as registered with the Board and the Corporation Division, must be used as the advertised name. The Board allows the use of words other than funeral, immediate disposition, cemetery or crematory in facility names to convey the nature of the business activity - when alternative words are commonly understood to have the same meaning.

#### **Fees:**

This facility application needs to be submitted (including Background Information Questionnaire forms) with the \$150 initial application fee (which includes the first principal fee) plus \$50 for each additional principal.

#### **Renewal Information**

All certificates of authority to operate a crematorium expire December 31st of every even year. The renewal fee for crematoriums will be \$100 per year plus \$2 per cremation performed during the two calendar years preceding the year in which the current license expires, payable biennially.

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The completed facility application must be returned with the following or it will be returned as incomplete:

- Facility application fee, \$150.00;
- Principal fee(s), \$50 for each additional principal;
- Completed Background Information Questionnaire forms for each identified principal. If any of the proposed principals currently holds a personal license issued by the Board, the proposed principal does not need to submit the Background Information Questionnaire.
- If the facility is owned by more than one organizational level, a completed Applicant Facility Owner Information Sheet for every organizational level above Level One.

**Forms are available upon request or on the website: [www.oregon.gov/MortCem](http://www.oregon.gov/MortCem)**

**Office use only:**

**0608** 833 41701 \$150.00 Crematorium (includes first principal)

**0641** 833 41701 \$ 50.00 Each Additional Principal

Certificate #: \_\_\_\_\_

Effective date: \_\_\_\_\_

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## INITIAL APPLICATION FOR OREGON CERTIFICATE OF AUTHORITY TO OPERATE A CREMATORIUM

### PROPOSED OWNERSHIP INFORMATION:

Proposed Crematorium Name: \_\_\_\_\_  
assumed business name, if any, as registered with the Corporation Division

Crematorium's Physical Location: \_\_\_\_\_  
street  
\_\_\_\_\_  
city, state, zip  
\_\_\_\_\_  
on site telephone fax

Crematorium's Mailing Address: \_\_\_\_\_  
print contact name  
\_\_\_\_\_  
\_\_\_\_\_  
city, state, zip  
\_\_\_\_\_  
mailing address telephone fax

Name of Crematorium's Proposed Owner: \_\_\_\_\_  
true corporate, firm or individual name (Organization Level One)

Owner's Mailing Address:

\_\_\_\_\_ print contact name for owner

\_\_\_\_\_ city, state, zip

\_\_\_\_\_ owner's mailing address telephone

\_\_\_\_\_ fax

Location of Death Care Records:

\_\_\_\_\_ print name of person and / or facility in possession of records

Records Physical Location:

\_\_\_\_\_ street (do not list a post office box)

\_\_\_\_\_ city, state, zip

\_\_\_\_\_ records telephone

\_\_\_\_\_ fax

**PRINCIPALS OF PROSPECTIVE OWNER:**

Proposed Crematorium Manager:

\_\_\_\_\_ print name of person who will manage / operate this applicant facility

Does this person manage any other licensed facility (funeral establishment, cemetery, crematory, immediate disposition company): (Yes / No) If yes, print name and address of other facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Others who have decision making authority and whose primary duties include control over the operation of the applicant facility (i.e., General Market Manager, Area Manager):

\_\_\_\_\_ name and title

\_\_\_\_\_ address

\_\_\_\_\_ phone

\_\_\_\_\_ name and title

\_\_\_\_\_ address

\_\_\_\_\_ phone

Owner's Officers, Directors, Board Members, Commissioners, etc. (Organization Level One):

- |                                  |                                  |
|----------------------------------|----------------------------------|
| 1. _____<br>print name and title | 2. _____<br>print name and title |
| 3. _____<br>print name and title | 4. _____<br>print name and title |
| 5. _____<br>print name and title | 6. _____<br>print name and title |
| 7. _____<br>print name and title | 8. _____<br>print name and title |

Individual stockholders (natural persons), partners, and / or corporations that own or control voting stock in the above named owner, including percent of ownership (Organization Level One):

- |                               |                               |
|-------------------------------|-------------------------------|
| 1. _____<br>print true name % | 2. _____<br>print true name % |
| 3. _____<br>print true name % | 4. _____<br>print true name % |
| 5. _____<br>print true name % | 6. _____<br>print true name % |
| 7. _____<br>print true name % | 8. _____<br>print true name % |

PARENT CORPORATION, if any, that owns or controls more than fifty percent of voting stock in the prospective corporate owner, including percent of stock (attach Applicant Facility Owner Information Sheet, Organization Level Two):

- |   |   |
|---|---|
| _____   | % |
| print true corporate name ( <b>Organization Level Two</b> ) |   |
| _____   | % |
| print true corporate name ( <b>Organization Level Two</b> ) |   |

NON-PARENT CORPORATION, if any, that owns or controls not more than fifty percent of voting stock in the prospective corporate owner, including percent of stock (attach Applicant Facility Owner Information Sheet, Organization Level Not Applicable):

- |  |   |
|--|---|
| _____  | % |
| print true corporate name ( <b>Organization Level Not Applicable</b> ) |   |
| _____  | % |
| print true corporate name ( <b>Organization Level Not Applicable</b> ) |   |

NOTE: If the above named non-parent corporation(s) own or control ten percent or more of the voting stock in the prospective corporate owner, attach Applicant Facility Owner Information Sheet for each and enter "N/A" in the organization level blank.

GRANDPARENT CORPORATIONS, if any, that own or control more than fifty percent of voting stock in the above named parent corporation or any succeeding parent within the organizational structure, including percent of subsidiary stock owned (attach Applicant Facility Owner Information Sheet for each Organization Level Three or higher):

_____	print true corporate name ( <b>Organization Level Three</b> )	_____ %
_____	print true corporate name ( <b>Organization Level Four</b> )	_____ %
_____	print true corporate name ( <b>Organization Level Five</b> )	_____ %

List all funeral service practitioners, embalmers, apprentices and preneed sales people working at this applicant facility, including any who are part-time employees or independent contractors (licensees of the Board only).

_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held
_____	licensee name	_____	license(s) held

**Proposed Crematorium Name**

\_\_\_\_\_ assumed business name, if any, as registered with the Corporation Division

**CERTIFICATION**

I, \_\_\_\_\_, (print name and title of duly authorized person)

certify that I am a duly authorized officer or agent of the above-named prospective facility's owner and that all information on this form and any attachments is true and correct.

I understand that this application is not a license to operate and that the applicant owner must receive a certificate of authority to operate a crematorium from the Oregon Mortuary and Cemetery Board before operating under the prospective ownership.

I understand that making false or misleading statements in applying to the Board for licensure is cause for disciplinary action under OAR 830-050-0050(2) and ORS 692.180(1)(a).

**YOUR SIGNATURE MUST BE NOTARIZED.**

\_\_\_\_\_ (signature of duly authorized person)

Before me personally appeared \_\_\_\_\_ (print duly authorized person's name)

\_\_\_\_\_ who is known

to be the identical person who **signed** this application on this date \_\_\_\_\_, 200\_\_.

NOTARY SEAL

\_\_\_\_\_ (signature of Notary Public)

\_\_\_\_\_ (county / state)