

## REDUCTION FACILITY LICENSE APPLICATION

### FEE \$1,000

An applicant seeking a reduction facility (RF) license pursuant to Business and Professions Code section, 7714.1 shall meet the requirements of that section and Title 16 California Code of Regulations section 2326.06 and complete this application. This signed application must be submitted to the Bureau accompanied with the required fee of \$1,000 by mail to the address above.

#### [NOTICE ON COLLECTION OF PERSONAL INFORMATION](#)

APPLICANT INFORMATION			
First Name	Middle Initial	Last Name	
Email Address		Telephone Number	
REDUCTION FACILITY INFORMATION			
Name of Reduction Facility		FEIN	
Telephone Number			
Address			
City	State	Zip Code	
Mailing Address - <input type="checkbox"/> - Mailing Address is the same as the Reduction Facility Address			
Address			
City	State	Zip Code	
Is this the main office? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Main Office Address (if different)			
Address			
City	State	Zip Code	
Proof of Zoning - Submit a letter or documentation from the city or county in which the establishment is located approving the use and location of the proposed reduction facility.			
OWNERSHIP INFORMATION			
Type of Ownership (Check One) <input type="checkbox"/> Individual Licensed Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
For an Individual Licensed Owner, complete the following			
First Name	Middle Initial	Last Name	

For a Partnership, list all general partners and submit a partnership agreement			
First Name	Middle Initial	Last Name	% Owned

For a Corporation, complete the following and submit a copy of the Articles of Incorporation and Corporate Resolution			
Name of the Corporation			
Address			
City	State	Zip Code	
Incorporated in State of	Date incorporated		

List all Corporate Officers, Officers must match those filed with the California Secretary of State					
Title	First Name	Middle Initial	Last Name	Email Address	Share of Ownership

<b>DESIGNATED CREMATORY MANAGER</b>			
First Name	Middle Initial	Last Name	
Email Address	Telephone Number		
License Number	Expiration		
This facility is sharing the Crematory Manager <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list all facility license numbers)			
License Number	License Number	License Number	

<b>CERTIFICATION AFFIDAVIT</b>	
A <a href="#">Certification Affidavit</a> is required for each Sole Owner, Partner, and Corporate Officer.	
ATTESTATION (The application must be signed by the person designated as the applicant in the 'Application Information' section)	
I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.	
Signature _____ Date _____	