

Michigan Department of Energy, Labor & Economic Growth  
Bureau of Commercial Services  
CEMETERY REGULATION  
P.O. Box 30018, Lansing, MI 48909  
517-241-8070  
www.michigan.gov/cemetery

FOR OFFICE USE ONLY	
Date Approved:	Approved by:
I.D. Number	

## APPLICATION FOR PERMIT TO ESTABLISH A CREMATORY

AUTHORITY: P.A. 251 of 1968, as amended  
COMPLETION: Mandatory  
PENALTY: Failure to complete may result in denial of your application

<b>FEE: \$1,500.00</b> <b>FEE IS NON-REFUNDABLE</b>
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In addition to this application and fee, please submit the following documents:

- Zoning Approval
- Department of Environmental Quality Permit
- If a Corporation, (incorporated under PA 58 of 1915) a copy of the Articles of Incorporation.
- If a Limited Liability Company (LLC) a copy of the Articles of Organization and a copy of your Operating Agreement.

Check One:  New Crematory  Existing Crematory

Name of Proposed Crematory

Proposed Physical Location (Number, Street, City, State and Zip Code)

Township	Section Number	County
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Mailing Address (Number, Street, City, State and Zip Code)

If previously licensed, crematory name and registration number:	Is this crematory expected to be on cemetery grounds? <input type="checkbox"/> No <input type="checkbox"/> Yes - submit additional separate cemetery application.
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### OWNERSHIP INFORMATION

Check Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) (If a Corporation, attach a copy of your filed Articles of Incorporation and DBA documents) (If a Limited Liability Company, (LLC), attached a copy of the Articles of Organization and a copy of your Operating Agreement.)	Federal Identification Number
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Date of Incorporation	→	Incorporated Under Act No.
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If incorporated in another state, please indicate which state:	→	<b>You must obtain a Certificate of Authority to do Business in Michigan</b>
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Name of Contact Person

Mailing Address (Number, Street, City, State, and Zip Code)

Daytime Telephone ( )	Fax Number ( )	E-mail Address
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FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY - VALIDATION
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Crematory                      \$1,500.00                      (22-01-01)	
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Make your check or money order from a U.S. Financial Institution payable to:  
**STATE OF MICHIGAN - CEMETERY**

<b>CORPORATE OFFICER Information. Attach additional sheets, if necessary.</b>		
Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
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Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
<b>BOARD OF DIRECTORS Information. Attach additional sheets, if necessary.</b>		
Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone (     )
Complete Mailing Address (Number, Street, City, State and Zip Code)		
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