

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

Please Note: Initial licenses will expire two years from date of payment receipt by the Department.

New - Start Date of Regulated Activity: _____

Change of Ownership: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application. Change of ownership requires submission of an initial application and fee as listed on Page 1.

Previous owner name: _____ Previous license number: _____

Previous dba name: _____

Effective date of change: _____

Amended: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application. Any minor amendment including change of name or change in the location of a licensed place of business requires submission of a minor amendment application and fee as listed on page 1 of that application. The current expiration date remains in effect.

Change of location (previous location): _____

Change of dba name (previous name): _____

Current License number: _____ Effective date of change: _____

Other: _____

Renewal - Renewals are valid from the anniversary date. Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

Notice that firm is out of business. Date out of business: _____
Sign and date 1st page and return original license for deletion from our records.

Not required to license/permit
Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.

***Please Note:** Only drug, device, and/or certificate of authority applicants are required to fill in residence address, driver's license number, and date of birth.

Name & Title _____ *Residence Address _____ *Driver's License Number _____ *Date of Birth _____

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www. _____

MAILING ADDRESS INFORMATION (The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: _____

Mailing Address: _____

City, State, Zip code: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.

Visit our website at: www.dshs.state.tx.us

Please address **correspondence only** to:
Texas Department of State Health Services
RLU, Food and Drug Licensing Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number or Federal Identification number.

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****Please Note: For ONLY Drug, Device, and/or Certificate of Authority Applications:**

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(If yes, please attach a statement explaining the conviction.)

* Please include a copy of Driver's License with application.

* Applicants are required to fill in residence address, driver's license number, and date of birth below.

SOLE OWNER / PROPRIETORSHIP

Name of Sole Owner: _____
Residence Address DLN DOB

Partnership LP LLP LTD Effective Date of Partnership _____

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

*** Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Partner Name: _____
Residence Address DLN DOB

Partner Name: _____
Residence Address DLN DOB

Partner Name: _____
Residence Address DLN DOB

Association **State Agency**

Name of Association / State Agency: _____

Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

*** Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Name: _____
Residence Address DLN DOB

Name: _____
Residence Address DLN DOB

Corporation **LLC**

Date and Place of Incorporation: _____

Corporation Name: _____

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

***Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

President Name: _____
Residence Address DLN DOB

Officer's Name: _____
Residence Address DLN DOB

Officer's Name: _____
Residence Address DLN DOB

Name of Registered Agent: _____
Residence Address DLN DOB