



TEXAS DEPARTMENT OF STATE HEALTH SERVICES BUSINESS FILING AND VERIFICATION SECTION

WAREHOUSE OPERATOR LICENSE APPLICATION INITIAL, CHANGE OF OWNERSHIP, RENEWAL, OR OUT-OF-BUSINESS NOTIFICATION

Health and Safety Code, Chapter 431 Texas Administrative Code, Chapter 229

WRHSEOP 2402 FO

BUDGET ZZ104 FUND 183 LICENSE NUMBER:

INTERNAL USE ONLY

FACILITY INFORMATION

Name Under Which Business is Conducted (DBA): Physical Street Address: City, State, Zip Code: County Telephone # at address: Business Hours of operation: WEBSITE/INTERNET ADDRESS

Must check yes or no for each question:

Does this warehouse store produce only? Yes No

Does this warehouse store seafood products (fresh, non-frozen, dried)? Yes No

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title

Residence Address

PURPOSE OF THIS APPLICATION

Mark appropriate box to indicate purpose of application and/or any change in status of firm.

New (Initial) Initial application does not require a late fee.

Change of Ownership Previous owner: Effective Date: Change of ownership does not require a late fee.

Renewal

Notice that firm is out of business. Date: Reason:

STOP! You do not have to complete the application. Go to the last page sign and date the last page. Return to the address on page 5 for deletion from our records.

MAILING 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): _____

E-mail Address of Application Preparer (Contact Person): _____

LICENSE HOLDER INFORMATION

Please enter the 11-digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Also your 9-digit Federal Employee Identification Number (EIN). Sole Proprietors may enter their social security number.

Tax Payer #

EIN #

- - /

Social Security #

Complete **ONE** box on this page that relates to the type of ownership of your business.

Sole Owner/Proprietorship

Name of Sole Owner: _____

Name Residence Address

Partnership **LP** **LLP** **LTD**

Name of Partnership: _____

Partnership Address: _____

ADDRESS CITY ST ZIP

Partner Name: _____
Residence Address

Partner Name: _____
Residence Address

Partner Name: _____
Residence Address

Association **State Agency**

Name of Association / State Agency: _____

Address: _____
ADDRESS CITY ST ZIP

Name: _____
Residence Address

Name: _____
Residence Address

Corporation **LLC**

Name of Corporation: _____

Corporation Address: _____
ADDRESS CITY ST ZIP

President Name: _____
Residence Address

Officer's Name: _____
Residence Address

Officer's Name: _____
Residence Address

Name of Registered Agent: _____
Residence Address

FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP

The **non-refundable fee** is based on the maximum amount of square feet dedicated to food storage during the licensing period. (biennial).

(Table 2 fees based on SQUARE FOOTAGE)

Please check one below	SQUARE FEET OF FOOD STORAGE	FEE DUE
	0 sq ft - 6,000 sq ft	\$ 361.00
	6,001 sq ft - 24,000 sq ft	\$ 721.00
	24,001 sq ft - 75,000 sq ft	\$1,082.00
	75,001 sq ft - 250,000 sq ft	\$1,442.00
	250,001 sq ft - or more	\$2,060.00

Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00. **Initial and Change of ownership applications do not require late fees.**

MAILING AND PAYMENT INFORMATION

The completed application and **non-refundable fee must be mailed** to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Cash Receipts Branch
MC 2003
PO Box 12008, Austin, Texas 78711

Make your check or money order payable to:
Texas Department of State Health Services

**DO NOT SEND CASH OR A TEMPORARY CHECK
FEES ARE NON-REFUNDABLE**

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

Normal processing time for all applications is four to six weeks.

A failure to send the **non-refundable fee** and application to the addresses in accordance with the above instructions, will increase the normal processing time.

A license will not be issued unless both the accurate **non-refundable fee** and application is received.

CONTACT AND CORRESPONDENCE INFORMATION

You may contact our office at: (512) 834-6626 or foodslicesning@dshs.texas.gov

You can visit our website at www.dshs.texas.gov

You can send correspondence to:

Texas Department of State Health Services

BF&VS, Food & Drug Business Filing and Verification Unit

MC 2835

PO Box 149347

Austin, Texas 78714-9347

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 www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

VERIFICATION

I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a sole proprietor, I certify I have filed the Assumed Name Certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 431 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 229, and agree to abide by them.

Signature

OWNER

PARTNER

PRESIDENT

CORPORATE DESIGNEE / AGENT

Date

Printed Name & Title