



**FOOD MFG
2401 FM**

BUDGET ZZ104
FUND 183
LICENSE NUMBER:

INTERNAL USE ONLY

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
BUSINESS FILING AND VERIFICATION SECTION

**FOOD MANUFACTURER LICENSE APPLICATION
INITIAL, CHANGE OF OWNERSHIP,
RENEWAL, OR OUT OF BUSINESS NOTIFICATION**

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

IMPORTANT INFORMATION

If you are a manufacturer of any foods that contain meat or poultry products, contact Meat Safety Assurance at (512) 834-6760 or regulatory.meat@dshs.texas.gov, you may need a Grant of Inspection.

If you are a food wholesaler only meaning you do not private-label, manufacture, or repack food, go to www.dshs.texas.gov/foods for the correct application or to apply online.

If you are a food manufacturer who operates food warehousing locations that are physically separate from the manufacturing location, the food warehouses must be individually licensed as food warehouse operators.

FACILITY INFORMATION

Name Under Which Business is Conducted (DBA): _____

Physical Street Address: _____

City, State, Zip Code: _____ **County** _____

Telephone # at address: (____) _____

Business Hours of operation: _____m. to _____m.

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

Is the physical address within the city limits? **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 to sign and date. Return to the address on page 6 for deletion from our records.

TYPE OF MANUFACTURER

Please check **ALL** that apply

- | | |
|--|---|
| <input type="checkbox"/> Processor/Packer (includes bagging ice) | <input type="checkbox"/> Re-Packer |
| <input type="checkbox"/> Facility subject to Preventative Controls | <input type="checkbox"/> Water Vending Machine |
| <input type="checkbox"/> Brewery, Winery, Spirit Distillery | <input type="checkbox"/> Ice Vending Machine |
| <input type="checkbox"/> Bottled Water | <input type="checkbox"/> Water Store |
| <input type="checkbox"/> Private Labeler – Name / Address of Co – Packer: | |
-
-

TYPE OF FOOD OPERATION

Please check **ALL** that apply

- | | |
|--|--|
| <input type="checkbox"/> Seafood (fresh, non-frozen, dried) | <input type="checkbox"/> Low Acid Canned Food |
| <input type="checkbox"/> Frozen Seafood | <input type="checkbox"/> High Pressure Processing |
| <input type="checkbox"/> Juice/Juice Ingredients | <input type="checkbox"/> Reduced Oxygen Packaging |
| <input type="checkbox"/> Acidified Food | <input type="checkbox"/> Other |
| <input type="checkbox"/> Aseptic Processing | |

TYPE OF SALES

Please check **ONE** box

- | | |
|---|---|
| <input type="checkbox"/> Wholesale and/or Retail | <input type="checkbox"/> Retail Only |
|---|---|

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 and 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 LICENSE OR CHANGE OF OWNERSHIP

The **non-refundable fee** is based on **gross annual sales** for **ALL** food manufactured at the licensed place of business. This includes private labeled food, manufactured food, wholesaled food, and repacked food from the licensed location.

(Table 2 fees based on gross annual sales)

Please check one below	GROSS ANNUAL SALES	FEE DUE
	\$ 0.00 - \$ 9,999.99	\$ 103.00
	\$ 10,000.00 - \$ 24,999.99	\$ 155.00
	\$ 25,000.00 - \$ 99,999.99	\$ 258.00
	\$ 100,000.00 - \$ 199,999.99	\$ 577.00
	\$ 200,000.00 - \$ 999,999.99	\$ 927.00
	\$ 1,000,000.00 - \$9,999,999.99	\$1,154.00
	\$10,000,000.00 or more	\$1,730.00

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 pay a late fee.**

MAILING AND PAYMENT INFORMATION

The 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.

Any returned checks received after the expiration date will be assessed the \$100.00 late fee.

CONTACT AND CORRESPONDENCE INFORMATION

You may contact our office at: (512) 834-6626 or foodsliceninggroup@dshs.texas.gov
You can visit our website at www.dshs.texas.gov

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

Printed Name & Title

- OWNER _____
 PARTNER _____ Date
 PRESIDENT
 CORPORATE DESIGNEE / AGENT