



Texas Department of State Health Services

BUSINESS FILING AND VERIFICATION SECTION
MULTIPLE PRODUCT NONPRESCRIPTION DRUG
Minor Amendment License Application

(Health and Safety Code, Chapter 431)
Return both the completed application, and non-refundable check or money order made payable to:
Texas Department of State Health Services,
Cash Receipts Branch MC 2003
PO Box 149347, Austin, Texas 78714

MULTIPLE PRODUCTS-
OTC 2504

BUDGET:
ZZ105
FUND:
183
LICENSE #

Contact this office at (512)834-6727 for assistance with the application.

Name Business is Conducted Under (DBA):

Physical Address to be Licensed:

City, County, State, Zip Code:
(inside Texas only, cannot be outside of Texas)

Telephone # at address: ( )

Products Distributed: Mark all boxes that apply. This application is for distribution only. It does not cover manufacturing. You must distribute two or more types of products for this type of license. If you do not check two or more types of products, there will be a delay in processing.

- Non-prescription Human Drugs
Non-prescription Veterinary Drugs
RX Devices
OTC Devices
Food

Primary Activity (highest gross annual sales - check ONE only):

- Food
Nonprescription Drugs
Devices

Check this box if the firm is a 3PL firm. A 3PL (third-party logistics) provider offers outsourced logistics services, which encompass anything that involves management of one or more facets of storing and/or shipping activities.

License fee is based on COMBINED gross annual sales of food, drugs, and/or devices at each licensed place of business. Fee schedule is below.

Table with 5 columns: License Level (LV1-LV5), Fee (\$), Range (\$), Fee (\$), and Fee per facility (\$).

**Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$100.00.

**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, Chapter 229, and agree to abide by them.

<b>Print Name:</b>	<b>Title:</b> <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Designee / Agent
<b>sign here ►</b>	<b>Date:</b>

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 SIX 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.texas.gov](http://www.dshs.texas.gov)

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

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

**Amendment of ownership name** (this does not include an ownership change): This means the EIN/Taxpayer Numbers are remaining the same and the firm has submitted an amendment with the Secretary of State and the Comptroller's office. The current expire date remains in effect.

If change affects multiple licensed locations, contact us at 512-834-6727.

Previous name: \_\_\_\_\_

License number: \_\_\_\_\_ Effective date of change: \_\_\_\_\_

**Amended DBA name or location:** If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application. The current expiration date remains in effect for an amendment only.

Location change (previous location): \_\_\_\_\_

DBA Name Change (previous): \_\_\_\_\_

Other: \_\_\_\_\_

**Current license number:** \_\_\_\_\_

**Effective date of change:** \_\_\_\_\_

**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 will be issued. **Note** – if you are submitting an amendment with the renewal, call our office prior to submitting the application. The renewal and amendment carry separate fees that will be due.

**Notice that this firm is out of business.** Date: \_\_\_\_\_

**Not required to license – reason:** \_\_\_\_\_

Sign & date page 1 and return.

**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

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Residence address

\_\_\_\_\_  
Driver's license number

**BUSINESS HOURS OF OPERATION** \_\_\_\_\_ **to** \_\_\_\_\_

**WEBSITE/INTERNET ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS INFORMATION** (The license and/or courtesy renewal notice will be sent to the address below).

Mailing name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Name of application preparer (**contact person**): \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Email address of contact person: \_\_\_\_\_

Fax number for 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. Enter the 9-digit Federal Employee Identification Number (**EIN**).

\_\_\_\_\_  
**Taxpayer number**

\_\_\_\_\_  
**EIN number**

**Please note: Only** for 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 and include a copy of the driver's license with the application.

For the information below, complete the **box** that applies to the ownership of the license. **In addition, where stated below, residence address, driver's license number, and date of birth are required.**

**Sole Owner / Proprietorship**

Name of sole owner: \_\_\_\_\_

Residence address

DLN

DOB

**Association**       **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_

**Contact person:** \_\_\_\_\_

Residence address

DLN

DOB

**Contact person:** \_\_\_\_\_

Residence address

DLN

DOB

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

Name of partnership: \_\_\_\_\_

Address of partnership: \_\_\_\_\_

Effective date of partnership: \_\_\_\_\_

(partnership information continued on next page)

**Partner name:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Partner name:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Partner name:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Corporation**       **LLC**

Effective date of Incorporation: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

**President:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Officer:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Officer:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_

**Registered Agent:** \_\_\_\_\_

Residence address \_\_\_\_\_ DLN \_\_\_\_\_ DOB \_\_\_\_\_