



**SHELLFISH
2702**

Departmental
Use Only

TX #:	_____
Date:	_____
Inspector:	_____
Approval:	_____

**BUSINESS FILING AND VERIFICATION SECTION
SHELLFISH PROCESSING FACILITY APPLICATION
(Health and Safety Code, Chapter 436)**

Return the completed application to:
Texas Department of State Health Services
Foods Licensing Group MC 2835
PO Box 149347, Austin, Texas 78714-9347
You may contact our office at: (512) 834-6626

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: _____

TYPE OF CERTIFICATION (check one):

- Shucker / Packer
- Shellstock Shipper
- Re-Packer
- Depuration Processor

WATER SUPPLY (check one):

- Public
- Private

SEWAGE DISPOSAL (check one):

- Public
- Private

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 436 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 229 and 241, and agree to abide by them.

Signature

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

Date

Printed Name & Title

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

Please Note: The Initial Certificate of Compliance is valid from September 1 thru August 31 of each year, or part thereof.

New (Initial) - Start Date of Regulated Activity: _____

Change of Ownership (Including legal entity) Previous owner: _____

Effective Date: _____

Change of ownership (including change of legal entity) requires submission of a new application.

Amended Change of Location [previous location: _____] } Enter the date the
 Change of Name [previous name: _____] } change was
 Other: _____ } effective
Date: _____

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application.

Renewal

Notice that firm is out of business. Date: _____
Sign and date. Return for deletion from our records.

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title _____ Residence Address _____

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

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

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): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

REVISED 10/27/17

A CERTIFICATE CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE

Please allow 4-6 weeks for processing

Visit our website at: www.dshs.texas.gov

Please send **correspondence and questions** to:
Texas Department of State Health Services
BF&VS, Foods Licensing Group, MC 2835
P.O. Box 149347
Austin, Texas 78714-9347

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).

Tax Payer #

EIN #

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Complete the one box on this page or the next that relates to the type of ownership of your business.

Sole Owner / Proprietorship **501c3 Tax Exempt**

Name of Sole Owner: _____

Residence Address

Driver's License

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

Name of Partnership: _____

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

Partner Name: _____

Residence Address

Driver's License

Partner Name: _____

Residence Address

Driver's License

Partner Name: _____

Residence Address

Driver's License

REVISED 10/27/17

