

**REGULATORY LICENSING UNIT
RETAIL FOOD OPERATION PERMIT APPLICATION
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP
(Health and Safety Code, Chapter 437)**

2301

BUDGET:	ZZ106
FUND:	167
PERMIT #:	

Return both the completed application and **non-refundable** fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Cash Receipts Branch MC 2003, PO Box 149347, Austin, Texas
78714-9347

If you are a school food establishment, roadside food vendor (mobile food store), or mobile unit, contact this office at (512) 834-6626 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: () _____ Is physical address within the city limits? Yes No

Exemptions from Retail permitting: Licensed by the Texas Department of State Health Services as a food manufacturer **AND** paying a higher fee; or Inspected and permitted by County or Public Health District; or Non-Profit as a 501(C) organization.

FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP

Fees for food service establishments and retail food stores are based on the gross annual volume of food sales. Mark the appropriate volume category and remit fee accordingly. Fee amounts will be verified with the Texas Comptroller of Public Accounts.

<input type="checkbox"/> Food Establishment - any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with >7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities (jails) that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc. <input type="checkbox"/> Retail Food Store - a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. This includes delicatessens that offer prepared food in bulk quantities only, grocery stores, markets, etc.	GROSS ANNUAL VOLUME OF FOOD SALES <input type="checkbox"/> \$ 0.00 - \$ 49,999.99 - \$258.00 <input type="checkbox"/> \$ 50,000.00 - \$149,999.99 - \$515.00 <input type="checkbox"/> \$150,000.00 - or more - \$773.00 Fees are non-refundable
	<input type="checkbox"/> Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00. <small>A LATE FEE IS NOT REQUIRED FOR A CHANGE OF OWNERSHIP OR INITIAL APPLICATION.</small> ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.

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 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 228 & 229, AND AGREE TO ABIDE BY THEM.

Signature _____ OWNER _____
 PARTNER Date
 PRESIDENT
 CORPORATE DESIGNEE / AGENT

Printed Name & Title _____

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

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Complete ONLY one section below that relates to the type of ownership of your business.

Sole Owner / Proprietorship

Name of Sole Owner: _____
Residence Address Drivers License Number

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

Name of Partnership: _____

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

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Association **State Agency**

Name of Association / State Agency: _____

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

Name: _____
Residence Address Drivers License Number

Name: _____
Residence Address Drivers License Number

Corporation **LLC**

Corporation Name: _____
Date and Place of Incorporation

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

President Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Name of Registered Agent: _____
Residence Address Drivers License Number

Name of Registered Agent: _____
Residence Address Drivers License Number