



Texas Department of State Health Services

BUSINESS FILING AND VERIFICATION SECTION
MULTIPLE PRODUCT NONPRESCRIPTION DRUG
Initial / Renewal 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, Food & Drug Licensing, PO Box 12008, Austin, Texas 78711 For assistance in completing this application call (512) 834-6727

MULTIPLE-PRODUCTS
OTC 2504

BUDGET: ZZ105
FUND: 183

LICENSE #

NOTE: Do not submit a multiple product application if the physical address of business is located outside of Texas.

If you are a manufacturer of any food, drug, or device product; or a wholesale distributor of prescription drugs, including compressed medical gases, contact this office at (512) 834-6727 for the correct application.

Name Business is Conducted Under (DBA):

Physical Address to be Licensed:

City, County, State, Zip Code:

Telephone # at address: ( )

PRODUCTS DISTRIBUTED: Mark all boxes that apply. You must check two or more types of products in order to complete this application. If you do not check two or more boxes contact our office at the number above.

- Food
Nonprescription Drugs (Check all that apply) Human Veterinary
Devices (Check all that apply) Prescription Nonprescription

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

- Food Nonprescription Drugs Devices

FEE SCHEDULE FOR DISTRIBUTORS OF MULTIPLE PRODUCTS

License fee is based on COMBINED gross annual sales of food, drugs, and/or devices at each licensed place of business. The provisions regarding the sale of food, drugs, and/or devices shall be considered to include the offering, possessing, and holding of any such article for sale, and the sale, dispensing, and giving of any such article, and the supplying or applying of any such articles in the conduct of any food, drug, and/or device place of business.

Table with 4 columns: License Level (LV1-LV5), Fee Amount, Comparison Value, and Fee per facility.

**Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$100.00.  
**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 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. Initial licenses will expire two years from the date of payment receipt by the Department.

**New** Start date of regulated activity: \_\_\_\_\_

**Change of ownership** (including legal entity):

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

Change of ownership (including legal entity) requires submission of a new application and fee as listed on page 1.

Previous owner: \_\_\_\_\_ Effective date: \_\_\_\_\_

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

Previous license number: \_\_\_\_\_

**Amended: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.** Any minor amendment including change of DBA name or change in the location of a licensed place of business requires submission of an amended application and fee as listed on page 1 of the amended application. The current expiration date remains in effect.

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

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

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.

**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 \_\_\_\_\_