

**REGULATORY LICENSING UNIT
OUT-OF-STATE WHOLESALE DISTRIBUTORS OF NONPRESCRIPTION
DRUGS LICENSE**

**DRUGS OOS-OTC
2502**

Initial / Renewal Application

(Health and Safety Code, Chapter 431)

Return both the completed application, and non-refundable fee made payable to:
Texas Department of State Health Services, RLU, Food & Drug Licensing,
P.O. Box 12008, Austin, Texas 78711
For assistance in completing this application call (512) 834-6727

BUDGET: ZZ105
FUND: 183
LICENSE #

Name Under Which Business is Conducted (DBA): _____
Physical Address to be Licensed: _____
City, County, State, Zip Code: _____
Telephone # at address:(_____) _____

Type of Operation: (Check all that apply)
<input type="checkbox"/> Distributor <input type="checkbox"/> Manufacturer <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Broker <input type="checkbox"/> Other _____

Type of Drugs: (Check all that apply) <input type="checkbox"/> Human <input type="checkbox"/> Veterinary

**FEE SCHEDULE FOR OUT-OF-STATE WHOLESALE DISTRIBUTORS OF NONPRESCRIPTION DRUGS
INITIAL/RENEWAL LICENSE OR CHANGE OF OWNERSHIP**

The fee is based on all gross annual sales of nonprescription drugs delivered into Texas.

<input type="checkbox"/> LV1	\$	0.00	-	\$ 19,999,999.00	=	\$ 1,300.00
<input type="checkbox"/> LV2	\$	20,000,000.00	-	\$	or more	= \$ 1,950.00

<input type="checkbox"/> 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.

<input type="checkbox"/> Exemption from license fee: 25 TAC 229.249 A person is exempt from the license fees required by this section if the person is a charitable organization, as described in the Internal Revenue Code of 1986, '501(c)(3), to a nonprofit affiliate of the organization, to the extent otherwise permitted by law.

ADDITIONAL DOCUMENTATION REQUIRED:
<input type="checkbox"/> A current copy of your home state=s license OR a completed "Drug Distributor License Verification Affidavit" from the resident state licensing authority.

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.
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Print Name: _____	Title: <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Designee / Agent
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sign here 	Date: _____
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PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

Please Note: Initial licenses will expire two years from date of payment receipt by the Department.

New - Start Date of Regulated Activity: _____

Change of Ownership: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application. Change of ownership requires submission of an initial application and fee as listed on Page 1.

Previous owner name: _____ Previous license number: _____

Previous dba name: _____

Effective date of change: _____

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

Change of location (previous location): _____

Change of dba name (previous name): _____

Current License number: _____ Effective date of change: _____

Other: _____

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 or permit will be issued.**

Notice that firm is out of business. Date out of business: _____
Sign and date 1st page and return original license for deletion from our records.

Not required to license/permit
Reason: _____

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

*Residence Address

*Driver's License Number

*Date of Birth

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

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

MAILING ADDRESS 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: _____

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 THREE 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.state.tx.us

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

