

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

New - Estimated Start Date of Regulated Activity: _____

Change of Ownership - requires submission of application and fee as listed on Page 1.

PLEASE NOTE: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.

Previous business name: _____

Previous owner name: _____

Effective Date of Change: _____

Amended - If business name (dba) or change of location has changed, submission of fee is required as listed on Page 1.

Change of location [previous location]: _____

Change of dba name [previous name]: _____

Other: _____

Enter the date the change was effective: _____

Renewal - 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: _____

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

MAILING ADDRESS INFORMATION:

(The license and/or courtesy renewal notice will be sent to the following address below)

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 / PERMIT WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: www.dshs.state.tx.us/fdlicense

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

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
PAGE 2 OF 3**

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number **or** Federal Identification number.

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LICENSE HOLDER INFORMATION: Please choose one of the following below and complete.

SOLE OWNER / PROPRIETORSHIP (can only be one person)

Name _____

PARTNERSHIP **LP** **LLP** **LTD**

Name of Partnership _____ Effective Date of Partnership _____

Name _____

Name _____

Name _____

UNIVERSITY / COLLEGE **COUNTY / DEPARTMENT** **FAMILY TRUST**

Name _____

Name _____

CORPORATION **LLC**

Name of Corporation _____ Date and Place of Incorporation _____

President=s Name _____

Officer=s Name _____

Officer=s Name _____

Name of Registered Agent _____