BUSINESS FILING AND VERIFICATION SECTION
Out-of-State Frozen Dessert Manufacturer
Initial / Amended license application
(Health and Safety Code, Chapter 440)

Return the completed application to:
Texas Department of State Health Services - Food & Drug Licensing,
MC-2003 PO Box 149347, Austin, Texas 78714-9347

For Assistance call (512) 834-6727

**Plant Identification Code** Issued by Regulatory Agency (As shown in the IMS):

____________________________________

Note: A current inspection from your regulatory agency must be attached prior to approval.

(PL)(MA)
Name business is conducted under (DBA): _____________________________

Physical address to be licensed: ____________________________________

__________________________________________________________________

City                                County                                ST                           Zip Code

Telephone number at physical address: ________________________________

**Inspection Fees:** Facilities located beyond the legal boundaries of the State of Texas, which export products into the State of Texas for sale or distribution shall be assessed a monthly inspection fee of $.015 as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, 217.91. This includes all frozen desserts manufactured by frozen dessert manufacturing plants. Fees are assessed on a monthly basis and a minimum payment of $5.00 is required. If a plant has no production and still maintains an active permit in the State of Texas, the facility will still be required to pay the minimum fee. The department may revoke a permit issued under Health and Safety Code 435, if the permit holder is delinquent in the remittance of the inspection fees.
List of Products Distributed in Texas (attach a list if needed):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name(s), Address(es), Telephone number(s), of distribution point(s) in Texas (attach an additional list of needed).
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under chapter 171, Tax Health & Safety Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

________________________________________
Date: ___________________

Print name

_____________________________________
Signature

Title:  □ Owner  □ President  □ Partner  □ Corporate Designee/Agent
Purpose of this application: Mark appropriate box to indicate purpose of this application and/or any changes in the status of firm.

☐ New  Estimated start date of regulated activity: ____________________

☐ Change in ownership:

Previous company name: _________________________________

Effective date of change: _______________________________

Amended:

☐ Change of location (previous location): _________________________________

☐ Change of DBA name (previous name): _________________________________

☐ Other: _________________________________

Effective date of change: _______________________________

☐ Notice that firm is out of business. Date closed: __________________________

Sign & date page 1 & return for deletion from our records.

☐ Not required to license. Reason: _________________________________

**Mailing address information.** The license and inspection billing 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 of contact person: ____________________________________________

**License Holder Information:** Please list the 11 digit state Taxpayers Number on file with the Texas Comptroller of Public Accounts and the 9 digit Employee Identification Number (EIN).

Taxpayer number ___________________________________________ EIN number

For the information below, complete the box that applies to the ownership of the license.

□ Sole Owner / Proprietorship

Name of sole owner: ____________________________________________________

□ University/College  □ County/Department  □ Family Trust

Name of entity __________________________________________________________

President / Officer _____________________________________________________

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**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 have the right to ask the state agency to correct any information that is determined to be incorrect.

You may visit our website at: [www.dshs.texas.gov/milk](http://www.dshs.texas.gov/milk)

**BE SURE TO COMPLETE ALL PAGES OF THIS FORM**

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