BUSINESS FILING AND VERIFICATION SECTION
CRABMEAT PROCESSING FACILITY APPLICATION
(Health and Safety Code, Chapter 436)

Return the completed application to:
Texas Department of State Health Services
Foods Licensing Group MC 2835
PO Box 149347, Austin, Texas 78714-9347
You may contact our office at: (512) 834-6626

Name Under Which Business is Conducted (DBA):
________________________________________
________________________________________
________________________________________

Physical Address to be Licensed:
________________________________________
________________________________________
________________________________________

City, County, State, Zip Code:
________________________________________
________________________________________

Telephone # at address:
________________________________________
________________________________________

TYPE OF LICENSE (check one):
☐ Picker / Packer ☐ Picker / Packer / Pasteurizer

WATER SUPPLY (check one):
☐ Public ☐ Private

SEWAGE DISPOSAL (check one):
☐ Public ☐ Private

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 436 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 229 AND 241, AND AGREE TO ABIDE BY THEM.

Signature ____________________________ Date ______________________

☐ OWNER ☐ PARTNER ☐ PRESIDENT
☐ CORPORATE DESIGNEE / AGENT

Printed Name & Title ____________________________

EF23-12968 Revised 10/27/17

A CERTIFICATE CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE
PAGE 1 OF 4
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 be valid from March 1 through the last day of February each year, or part thereof.

- New (Initial) - Start Date of Regulated Activity: ___________

- Change of Ownership (Including legal entity) Previous owner: __________
  Effective Date: __________
  Change of ownership (including change of legal entity) requires submission of a new application.

- Amended
  □ Change of Location [previous location: ________] Enter the date the change was effective: Date: ________
  □ Change of Name [previous name: ________] Enter the date the change was effective: Date: ________

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application.

- Renewal

- Notice that firm is out of business. Date: __________
  Sign and date. Return for deletion from our records.

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________</td>
<td>_________________</td>
</tr>
</tbody>
</table>

BUSINESS HOURS OF OPERATION: __________m. to __________m.

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

MAILING 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: | _________________ |

A CERTIFICATE CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE PAGE 2 OF 4
Please allow 4-6 weeks for processing

Visit our website at: www.dshs.texas.gov

Please send correspondence and questions to:
Texas Department of State Health Services
BF&VS, Foods Licensing Group, MC 2835
P.O. Box 149347
Austin, Texas 78714-9347

**LICENSE HOLDER INFORMATION:** Please enter the 11 digit State Tax Payer’s Identification number on file with the Texas Comptroller of Public Accounts. Also your 9 digit Federal Employee Identification Number (EIN).

<table>
<thead>
<tr>
<th>Tax Payer #</th>
<th>EIN #</th>
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</thead>
<tbody>
<tr>
<td>□ - □□□□□□□□□ - □ / □□□□□□□□□</td>
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</tbody>
</table>

Complete the one box on this page or the next that relates to the type of ownership of your business.

- **Sole Owner / Proprietorship**
- **501c3 Tax Exempt**

Name of Sole Owner: ____________________________________________________

Residence Address: ____________________________________________________

Driver’s License: _____________________________________________________

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

Name of Partnership: ____________________________________________________

Partnership Address: ____________________________________________________

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>ST</th>
<th>ZIP</th>
</tr>
</thead>
</table>

Partner Name: _________________________________________________________

Residence Address: ____________________________________________________

Driver’s License: _____________________________________________________

Partner Name: _________________________________________________________

Residence Address: ____________________________________________________

Driver’s License: _____________________________________________________

Partner Name: _________________________________________________________

Residence Address: ____________________________________________________

Driver’s License: _____________________________________________________

REVISED 10/27/17

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<table>
<thead>
<tr>
<th>Association</th>
<th>Government (federal, state, county, city)</th>
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<tbody>
<tr>
<td>Name of Association / Government Agency:</td>
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</tr>
<tr>
<td>Address:_________________________________</td>
<td></td>
</tr>
<tr>
<td>Name:____________________________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Residence Address</td>
<td>Driver’s License</td>
</tr>
<tr>
<td>Name:____________________________________________________________________</td>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>Corporation</th>
<th>LLC</th>
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<tbody>
<tr>
<td>Name of Corporation: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Corporation Address: ____________________________</td>
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</tr>
<tr>
<td>President Name:________________________________</td>
<td></td>
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<tr>
<td>Officer’s Name:______________________________</td>
<td></td>
</tr>
<tr>
<td>Officer’s Name:______________________________</td>
<td></td>
</tr>
<tr>
<td>Name of Registered Agent:___________________________</td>
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</tbody>
</table>

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 www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).