BUSINESS FILING AND VERIFICATION SECTION
SHELLFISH 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 CERTIFICATION (check one):
☐ Shucker / Packer  ☐ Shellstock Shipper  ☐ Re-Packer  ☐ Depuration Processor

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

☐ OWNER  Date
☐ PARTNER
☐ PRESIDENT
☐ CORPORATE DESIGNEE / AGENT

Printed Name & Title

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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: The Initial Certificate of Compliance is valid from September 1 thru August 31 of 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

☐ Change of Name [previous name: ____________]

□ Other: ____________________________ 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

Name & Title __________________________ Residence Address __________________________

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: __________________________
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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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: ___________________________________________/_________________________________________/_________/

ADDRESS   CITY   ST   ZIP

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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**Association** □ □ **Government (federal, state, county, city)**

Name of Association / Government Agency: 
________________________________________________________________________________________

Address: _____________________________ / __________________ / ___ / __________________

Name: 
________________________________________________________________________________________

Name: 
Residence Address: _____________________________

Driver’s License: _____________________________

**Corporation** □ □ **LLC**

Name of Corporation: _____________________________

Corporation Address: _____________________________ / __________________ / ___ / __________________

President Name: _____________________________

Name: 
Residence Address: _____________________________

Driver’s License: _____________________________

Officer’s Name: _____________________________

Name: 
Residence Address: _____________________________

Driver’s License: _____________________________

Officer’s Name: _____________________________

Name: 
Residence Address: _____________________________

Driver’s License: _____________________________

Name of Registered Agent: _____________________________

Residence Address: _____________________________

Driver’s License: _____________________________

**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).

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