

DRUGS & FOOD SAFETY LICENSING BRANCH
RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP
(Health and Safety Code, Chapter 437)

2301

BUDGET	ZZ10
: FUND:	6
PERMIT	

Return both the completed application and **NON-REFUNDABLE** fee to:
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Cash Receipts MC 2003,
 PO Box 149347, Austin, Texas 78714-9347
 Do not send cash, please send check or money order.
 You may contact our office at: **(512) 834-6727**
 Apply online at <https://vo.ras.dshs.state.tx.us> .

This application is for retail food establishments and retail food stores that are in the areas where the state has jurisdiction. If you are in a larger city, you may be covered by your local health department. To check jurisdiction, visit <https://www.dshs.texas.gov.retail-food-establishment> or call **512-834-6727**.

Name Under Which Business is Conducted (DBA): _____
 Physical Address to be Licensed: _____
 City, County, State, Zip Code: _____
 Telephone # at address: (____) _____ Is physical address within the city limits? Yes No

- Exemptions from Retail permitting:**
- Licensed by the Texas Department of State Health Services as a food manufacturer **AND** paying a higher fee; or
 - Inspected and permitted by County or Local/Public Health Department (this include larger cities);** or
 - Non-Profit as a 501(C) organization.

FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP

Fees for food service establishments and retail food stores are based on the gross annual volume of food sales. Mark the appropriate volume category and remit fee accordingly. Fee amounts will be verified with the Texas Comptroller of Public Accounts.

- Food Establishment-** any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with >7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities (jails) that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc.
- Retail Food Store-** a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. This includes delicatessens that offer prepared food in bulk quantities only, grocery stores, markets, etc.

GROSS ANNUAL VOLUME OF FOOD SALES

- \$ 0.00 - \$ 49,999.99 - \$258.00
- \$ 50,000.00 - \$149,999.99 - \$515.00
- \$150,000.00 - or more - \$773.00

Fees are non-refundable

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.

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 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 228 & 229, AND AGREE TO ABIDE BY THEM.

 Signature

 Printed Name & Title

- OWNER
 - PARTNER
 - PRESIDENT
 - CORPORATE DESIGNEE / AGENT
- _____ Date

PURPOSE OF THIS APPLICATION: This application is for retail food establishments and retail food stores that are in the areas where the state has jurisdiction. If you are in a larger city, you may be covered by your local health department. To check jurisdiction, visit <https://www.dshs.texas.gov.retail-food-establishment> or call 512-834-6727.

Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

New (Initial) - Start Date of Regulated Activity: _____
Please Note: Initial licenses will expire two years from date of payment receipt by the Department.

Change of Ownership Previous owner: _____ Effective Date: _____
Change of ownership requires submission of a new application and fee as listed on Page 1. Initial licenses will expire two years from date of payment receipt by the Department.

Amended - Change of Location [previous location: _____]
 Change of Name [previous name: _____]
 Other: _____ } 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 and fee as listed on Page 1. The current expiration date remains in effect.

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: _____ **Not required to license/permit.**
Sign and date. Return for deletion from our records. 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 and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

Name & Title Residence Address Drivers License Number

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: _____

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.

Apply online at <https://vo.ras.dshs.state.tx.us> .

Please check jurisdiction before applying as fees are **Non-Refundable** or call 512-834-6727.

Please email **correspondence only** to:
Drugs-FoodSafety@dshs.texas.gov

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 on file with the Texas Comptroller of Public Accounts.

□ - □ □ □ □ □ □ □ □ □ - □

Complete the **ONE** box below that relates to the type of ownership of your business.

Sole Owner / Proprietorship

Name of Sole Owner: _____
Residence Address _____ Drivers License Number _____

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

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Partner Name: _____
Residence Address _____ Drivers License Number _____

Partner Name: _____
Residence Address _____ Drivers License Number _____

Partner Name: _____
Residence Address _____ Drivers License Number _____

Association **State Agency**

Name of Association / State Agency: _____

Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Name: _____
Residence Address _____ Drivers License Number _____

Name: _____
Residence Address _____ Drivers License Number _____

Corporation **LLC**

Corporation Name: _____
Date and Place of Incorporation _____

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

President Name: _____
Residence Address _____ Drivers License Number _____

Officer's Name: _____
Residence Address _____ Drivers License Number _____

Officer's Name: _____
Residence Address _____ Drivers License Number _____

Name of Registered Agent: _____
Residence Address _____ Drivers License Number _____