



**CRABMEAT  
2701**

**DRUGS & FOOD SAFETY LICENSING BRANCH  
CRABMEAT PROCESSING FACILITY APPLICATION  
(Health and Safety Code, Chapter 436)**

Return the completed application to:  
Texas Department of State Health Services  
Drugs & Food Safety Licensing Branch MC 2835  
PO Box 149347, Austin, Texas 78714-9347  
You may contact our office at: (512) 834-6727  
Drugs-FoodSafety@dshs.texas.gov

Departmental  
Use Only

TX #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Inspector: \_\_\_\_\_  
Approval: \_\_\_\_\_

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

- OWNER  
 PARTNER  
 PRESIDENT  
 CORPORATE DESIGNEE / AGENT

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

**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 of Name [previous name: \_\_\_\_\_] } change was  
 Other: \_\_\_\_\_ } 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**

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: \_\_\_\_\_

REVISED 6/24/2024

**A CERTIFICATE CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE**

Please allow 4-6 weeks for processing

Visit our website at: <https://www.dshs.texas.gov/seafood-aquatic-life-group/applications-forms-seafood-aquatic-life>

Please send **correspondence and questions** to:

Drugs-FoodSafety@dshs.texas.gov

**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).

**Tax Payer #**

**EIN #**

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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 6/24/2024

