



TEXAS DEPARTMENT OF STATE HEALTH SERVICES BUSINESS FILING AND VERIFICATION SECTION

FOOD MANUFACTURER LICENSE APPLICATION MINOR AMENDMENT CHANGE

Health and Safety Code, Chapter 431 Texas Administrative Code, Chapter 229

FOOD MFG 2401 FM BUDGET ZZ104 FUND 183 LICENSE NUMBER: INTERNAL USE ONLY

FACILITY INFORMATION

Name Under Which Business is Conducted (DBA):

Physical Street Address:

City, County, State, Zip Code:

Telephone # at address: ()

Business Hours of operation: m. to m.

WEBSITE/ INTERNET ADDRESS: http://www.

Is the physical address within the city limits? Yes No

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title Residence Address

TYPE OF MANUFACTURER

Please check ONE box

- Processor / Packer - (includes bagging ice) Re-Packer Water Store Water Vending Machine Ice & Water Vending Machine Ice Vending Machine Private Labeler - Name / Address of Co - Packer:

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: _____

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 #

- - /

Complete the ONE box on this page that relates to the type of ownership of your business.

(Table 1 – types of organizations)

<input type="checkbox"/> Sole Owner / Proprietorship		
Name of Sole Owner: _____		
Residence Address	Driver's License	
<input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> 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	
<input type="checkbox"/> Association <input type="checkbox"/> State Agency		
Name of Association / State Agency: _____		
Address: _____		
ADDRESS	CITY	ST ZIP
Name: _____		
Residence Address	Driver's License	
Name: _____		
Residence Address	Driver's License	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Name of Corporation: _____		
Corporation Address: _____		
ADDRESS	CITY	ST ZIP
President Name: _____		
Residence Address	Driver's License	
Officer's Name: _____		
Residence Address	Driver's License	
Officer's Name: _____		
Residence Address	Driver's License	
Name of Registered Agent: _____		
Residence Address	Driver's License	

PURPOSE OF THIS APPLICATION

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

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.

FEE SCHEDULE FOR MINOR AMENDMENT CHANGE

The fee is based on **gross annual sales** for **ALL** food manufactured at the licensed place of business. This includes private labeled food, manufactured food, wholesaled food, and repacked food from the licensed location.

(Table 2 fees based on gross annual sales)

Please check one below	GROSS ANNUAL SALES	FEE DUE
	\$ 0.00 - \$ 9,999.99	\$ 50.00
	\$ 10,000.00 - \$ 24,999.99	\$ 75.00
	\$ 25,000.00 - \$ 99,999.99	\$ 125.00
	\$ 100,000.00 - \$ 199,999.99	\$ 280.00
	\$ 200,000.00 - \$ 999,999.99	\$ 450.00
	\$ 1,000,000.00 - \$9,999,999.99	\$ 560.00
	\$10,000,000.00 or more	\$ 840.00

Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.

TYPE OF SALES

Please check **ONE** box

Wholesale and/or Retail

Retail Only

MAILING AND PAYMENT INFORMATION

Return the completed application and **non-refundable** fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Foods Business Filing and Verification Group,
PO Box 12008, Austin, Texas 78711

Make your check or money order payable to:
Texas Department of State Health Services

DO NOT SEND CASH OR A TEMPORARY CHECK

IMPORTANT INFORMATION

Normal processing time is four to six weeks.

A license will not be issued unless the application is complete.

Initial licenses will expire two years from date of payment receipt by the Department.

If any foods you are manufacturing contain meat products please contact Meat Safety Assurance at (512) 834-6760, you may need a Grant of Inspection.

If you are a food wholesaler only (you do not private-label, manufacture, or repack food), contact this office at (512) 834-6626 for the correct application.

If a food manufacturer operates food warehousing locations that are physically separate from the manufacturing location, the food warehouses must be individually licensed as warehouse operators.

Any returned checks received after the expiration date will be assessed the \$100.00 late fee.

Fees are non-refundable.

CONTACT AND CORRESPONDENCE INFORMATION

You may contact our office at: (512) 834-6626 or
You can visit our website at www.dshs.texas.gov or
You can send correspondence to:
Texas Department of State Health Services
BF&VS, Foods Business Filing and Verification Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

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).

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 431 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 229, and agree to abide by them.

Signature

OWNER

Date

PARTNER

PRESIDENT

CORPORATE DESIGNEE / AGENT

Printed Name & Title