



TEXAS
Health and Human
Services

Texas Department of State
Health Services

M&D **OOS**
Frozen
Dessert 2004
Budget ZZ107
Fund 114

License #

BUSINESS FILING AND VERIFICATION SECTION
Out-of-State Frozen Dessert Manufacturer
Initial / Amended license application

(Health and Safety Code, Chapter 440)

Return the completed application to:

Texas Department of State Health Services

Cash Receipts Branch MC 2003 MC 2003

PO Box 149347, Austin, Texas 78714-9347

For Assistance call (512) 834-6727

Plant Identification Code Issued by Regulatory Agency (As shown in the IMS):

Note: A current inspection from your regulatory agency must be attached prior to approval.

(PL)(MA)

Name business is conducted under (DBA): _____

Physical address to be licensed: _____

City County ST Zip Code

Telephone number at physical address: _____

Inspection Fees: Facilities located beyond the legal boundaries of the State of Texas, which export products into the State of Texas for sale or distribution shall be assessed a monthly inspection fee of \$.015 as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, 217.91. This includes all frozen desserts manufactured by frozen dessert manufacturing plants. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required. If a plant has no production and still maintains an active permit in the State of Texas, the facility will still be required to pay the minimum fee. The department may revoke a permit issued under Health and Safety Code 435, if the permit holder is delinquent in the remittance of the inspection fees.

List of Products Distributed in Texas (attach a list if needed):

Name(s), Address(es), Telephone number(s), of distribution point(s) in Texas (attach an additional list if needed).

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, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under chapter 171, Tax Health & Safety Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

_____ Date: _____
Print name

Signature

Title: Owner President Partner Corporate Designee/Agent

Purpose of this application: Mark appropriate box to **indicate** purpose of this application and/or any changes in the status of firm.

New Estimated start date of regulated activity: _____

Change in ownership:

Previous company name: _____

Effective date of change: _____

Amended:

Change of location (previous location): _____

Change of DBA name (previous name): _____

Other: _____

Effective date of change: _____

Notice that firm is out of business. Date closed: _____

Sign & date page 1 & return for deletion from our records.

Not required to license. Reason: _____

WEBSITE / INTERNET ADDRESS: <http://www.> _____

Mailing address information. The license and inspection billing will be sent to the address below.

Mailing name: _____

Mailing address: _____

City, State, Zip Code: _____

Name of application preparer (contact person): _____

Telephone number of contact person: _____

Email address of contact person: _____

Fax number of contact person: _____

License Holder Information: Please list the 11 digit state Taxpayers Number on file with the Texas Comptroller of Public Accounts and the 9 digit Employee Identification Number (EIN).

Taxpayer number

EIN number

For the information below, complete the **box** that applies to the ownership of the license.

Sole Owner / Proprietorship

Name of sole owner: _____

University/College **County/Department** **Family Trust**

Name of entity

President / Officer

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

Effective date of partnership: _____

Name of partnership

Partner name

Partner name

Partner name

Corporation **LLC**

Date & Place of Incorporation: _____

Name of corporation: _____

President's name: _____

Officer name: _____

Officer name: _____

Name of registered agent: _____

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 have the right to ask the state agency to correct any information that is determined to be incorrect.

You may visit our website at: www.dshs.texas.gov/milk

BE SURE TO COMPLETE ALL PAGES OF THIS FORM

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