



TEXAS
Health and Human
Services

Texas Department of State
Health Services

**M&D In-State
Frozen
Dessert 2004**
**Budget ZZ107
Fund 114**
License #

BUSINESS FILING AND VERIFICATION SECTION
In State Frozen Dessert Manufacturer
Initial/ Renewal/Amended license application

(Health and Safety Code, Chapter 440)

Return the completed application and **non-refundable check or money order** to:

Texas Department of State Health Services
Cash Receipts Branch MC 2003
PO Box 149347, Austin, Texas 78714-9347
For Assistance call (512) 834-6727

(PL)(MA)

Name business is conducted under (DBA): _____

Physical address to be licensed: _____

City County ST Zip Code

Telephone number at physical address: _____

For New and/or Amended: Application and fee must be received prior to an inspection. Please allow 4-6 weeks for processing time.

Check only one below:

FEE DUE

New licenses only (includes change of ownership)

Start date of regulated activity within Sept 1 – Feb28/29 **\$800.00**

Start date of regulated activity within March 1 – Aug 31 **\$600.00**

Amend license only:

FEE DUE

Amend license (For change of dba name and/or location change only) **\$400.00**

Renewal only: A late fee of \$100.00 will be assessed if payment is not received on or before August 31.

If renewing your license check here **Renewal fee due** **\$824.00**

Inspection Fees: All dairy product manufacturers will be assessed a monthly inspection fee of \$.015 as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, 217.91. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required. If a plant has not production and still maintains an active permit in the State of Texas, the facility will still be required to pay the minimum fee. Facilities shall submit monthly production data to the department no later than 15 days after the end of each monthly reporting period, accompanied by the required 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 fee.

Please answer the following questions:

Does your facility operate seasonally? Yes No

What months are you **not** in operation? _____

Do you use a pasteurized mix? Yes No

If yes above, who do you buy your pasteurized mix from? _____

Are you a wholesaler of your frozen dessert products? Yes No

(**Food Wholesaler** – A person who distribute food for resale, either through a retail outlet owned by that person or through sales to another person.)

The facility distributes items other than the frozen dessert products. Yes No

If answered **YES above**, list the other food items, besides frozen desserts, that you store.

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 440 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

_____ Title: Owner President Partner
Print name Corporate Designee

_____ Date: _____
Signature

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

Renewal – 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.

New Estimated start date of regulated activity: _____

Change in ownership – Requires submission of application and fee as listed on page 1. If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.

Previous owner name: _____

Previous business name (dba): _____

Effective date of change: _____

Amended – If business name (DBA) or location has changed, submission of fee is required as listed on page 1.

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/or courtesy renewal notice 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