



**REGULATORY LICENSING UNIT
MULTIPLE PRODUCT (INCLUDING MEDICAL GASES)**

**MULTIPLE-GAS
2504**

Minor Amendment License Application

(Health and Safety Code, Chapter 431)

Return both the completed application, and non-refundable fee made payable to:
Texas Department of State Health Services, RLU, Food & Drug Licensing,
P.O. Box 12008, Austin, Texas 78711
For assistance in completing this application call (512) 834-6727

BUDGET: ZZ114
FUND: 183

LICENSE #

If you are a manufacturer of any food, drug, or device product; or a wholesale distributor of prescription drugs, contact this office at (512) 834-6727 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address:(_____) _____

PRODUCTS DISTRIBUTED: Mark all boxes that apply. **You must check two or more types of products in order to complete this application. If you do not check two or more boxes contact our office at the number above.**

- Food
- Nonprescription Drugs (Check all that apply) Human Veterinary
- Compressed Medical Gases
- Devices (Check all that apply) Prescription Nonprescription

PRIMARY ACTIVITY (highest gross annual sales - check ONE only):

- Food Nonprescription Drugs Compressed Medical Gases Devices

FEE SCHEDULE FOR DISTRIBUTORS OF MULTIPLE PRODUCTS

License fee is based on **COMBINED** gross annual sales of food, drugs, and/or devices at each licensed place of business. The provisions regarding the sale of food, drugs, and/or devices shall be considered to include the offering, possessing, and holding of any such article for sale, and the sale, dispensing, and giving of any such article, and the supplying or applying of any such articles in the conduct of any food, drug, and/or device place of business.

| COMBINED GROSS ANNUAL SALES | | | | FEE FOR MINOR AMENDMENT | | |
|-----------------------------|--------|---------------|---|-------------------------|--------------|------------------------------------------|
| <input type="checkbox"/> | LV1 \$ | 0.00 | - | \$ | 199,999.99 | = \$ 270.00 for each place of business |
| <input type="checkbox"/> | LV2 \$ | 200,000.00 | - | \$ | 499,999.99 | = \$ 405.00 for each place of business |
| <input type="checkbox"/> | LV3 \$ | 500,000.00 | - | \$ | 999,999.99 | = \$ 540.00 for each place of business |
| <input type="checkbox"/> | LV4 \$ | 1,000,000.00 | - | \$ | 9,999,999.99 | = \$ 675.00 for each place of business |
| <input type="checkbox"/> | LV5 \$ | 10,000,000.00 | - | \$ | or more | = \$ 1,012.00 for each place of business |

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

| | | |
|-------------|---------------------------------------|-----------------------------------------------------|
| Print Name: | Title: <input type="checkbox"/> Owner | <input type="checkbox"/> President |
| | <input type="checkbox"/> Partner | <input type="checkbox"/> Corporate Designee / Agent |

| | |
|-----------|-------|
| sign here | Date: |
|-----------|-------|

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

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****Please Note: For ONLY Drug, Device, and/or Certificate of Authority Applications:**

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(If yes, please attach a statement explaining the conviction.)

* Please include a copy of Driver's License with application.

* Applicants are required to fill in residence address, driver's license number, and date of birth below.

SOLE OWNER / PROPRIETORSHIP

Name of Sole Owner: _____
Residence Address DLN DOB

Partnership LP LLP LTD

Name of Partnership: _____

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

*** Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Partner Name: _____
Residence Address DLN DOB

Partner Name: _____
Residence Address DLN DOB

Partner Name: _____
Residence Address DLN DOB

Association **State Agency**

Name of Association / State Agency: _____

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

*** Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

Name: _____
Residence Address DLN DOB

Name: _____
Residence Address DLN DOB

Corporation **LLC**

Date and Place of Incorporation: _____

Corporation Name: _____

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

***Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:**

President Name: _____
Residence Address DLN DOB

Officer's Name: _____
Residence Address DLN DOB

Officer's Name: _____
Residence Address DLN DOB

Name of Registered Agent: _____
Residence Address DLN DOB