



**REGULATORY LICENSING UNIT
OUT-OF-STATE MILK PROCESSER PLANT
INITIAL / AMENDED PERMIT APPLICATION
(Health and Safety Code, Chapter 435)**

**M&D OOS Milk Plant
2003**

Return the completed application to:
Texas Department of State Health Services
RLU- Food & Drug Licensing, MC-2003
PO Box 149347, Austin, Texas 78714-9347
For Assistance call (512) 834-6727

(MA) (PL)

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

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City _____ State _____ Zip Code _____

Telephone Number at Location 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 an inspection fee of \$.015 per hundredweight as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91. This includes all milk products processed and manufactured. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required. Permits will become void and products may be suspended for sale in Texas for facilities delinquent more than 3 months on their monthly inspection fees.

List of Products Distributed in Texas (attach an additional 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 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.

Print Name:

Title: Owner President
 Partner Corporate Designee / Agent

sign here

Date:

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

New - Start Date of Regulated Activity: _____

Change of Ownership:

Previous Company Name : _____

License Number (IMS #): _____

Effective Date: _____

Amended: Change of Location [previous location: _____

Change of dba name [previous name: _____

Other: _____

Enter the date the change was effective: _____

Notice that firm is out of business: Date: _____

Sign and date. Return for deletion from our records.

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

MAILING ADDRESS INFORMATION

(The license and inspection billing will be sent to the following mailing address)

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: _____

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 listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.

Visit our website at: www.dshs.state.tx.us/fdllicense

Please address **correspondence only** to:
Texas Department of State Health Services
RLU, Food and Drug Licensing Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
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