

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

- New** : Estimated Start Date of Regulated Activity: _____
- Reactivate Old Dairy Number** : # _____ Estimated Start Date of Regulated Activity: _____
- Change of Ownership (Including legal entity)** Previous owner: _____ Effective Date: _____

NOTE: Change of ownership (including change of legal entity) requires submission of a new application and fee as listed on Page 1.

- Amended** - Change of Location [previous location: _____] } Enter the date the change
 Change of Name [previous name: _____] } was effective
 Other: _____ Date: _____

Any minor amendment including change of dba name or change in the location of a licensed place of business requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.

- 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.**

- Notice that firm is out of business. Date:** _____
Sign and date. Return for deletion from our records.

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

BILLING INFORMATION (BL)

(The license and/or courtesy renewal notice will be sent to the following):

Billing Name: _____

Billing 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 522.021, 522.023 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/fdlicense

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

