



MFG FOOD  
2401

**REGULATORY LICENSING UNIT  
FOOD MANUFACTURER LICENSE APPLICATION  
MINOR AMENDMENT CHANGE**

**(Health and Safety Code, Chapter 431)**

Return both the completed application and fee to:  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
PO Box 12008, Austin, Texas 78711.  
You may contact our office at: (512) 834-6626

BUDGET	ZZ104
FUND:	183
LICENSE #:	

If any foods you are manufacturing contain meat products please contact Meat Safety Assurance at (512) 834-6760, you may need a Grant of Inspection. If you are a food wholesaler only (you do not private-label, manufacture, or repack food), contact this office at (512) 834-6626 for the correct application.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: \_\_\_\_\_

**FEE SCHEDULE FOR FOOD MANUFACTURERS, PRIVATE LABELERS, AND REPACKERS**

The fee is based on **gross annual sales** for ALL food manufactured at the licensed place of business. This includes private labeled food, manufactured food, wholesaled food, and repacked food from the licensed location. This includes facilities where food is held for limited periods of time. Note: If a food manufacturer operates food warehousing locations that are physically separate from the manufacturing location, the food warehouses must be individually licensed as warehouse operators.

**Type of Manufacturer** (Check all that apply):

- Processor/Packer (includes bagging ice)  Re-packer  Water Store
- Water Vending Machine  Ice & Water Vending Machine  Ice Vending Machine
- Private Labeler - Name/Address of Co-Packer: \_\_\_\_\_

**Type of Sales:**

- Wholesale and/or Retail
- Retail Only

**GROSS ANNUAL FOOD SALES**

**FEE FOR MINOR AMENDMENT**

<input type="checkbox"/>	\$	0.00	\$	9,999.99	- \$	50.00 for each place of business
<input type="checkbox"/>	\$	10,000.00	\$	24,999.99	- \$	75.00 for each place of business
<input type="checkbox"/>	\$	25,000.00	\$	99,999.99	- \$	125.00 for each place of business
<input type="checkbox"/>	\$	100,000.00	\$	199,999.99	- \$	280.00 for each place of business
<input type="checkbox"/>	\$	200,000.00	\$	999,999.99	- \$	450.00 for each place of business
<input type="checkbox"/>	\$	1,000,000.00	\$	9,999,999.99	- \$	560.00 for each place of business
<input type="checkbox"/>	\$	10,000,000.00		Or more	- \$	840.00 for each place of business

**LATE FEE** - A person who files for renewal after the license 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.

\_\_\_\_\_  
Signature

OWNER  
 PARTNER  
 PRESIDENT  
 CORPORATE DESIGNEE / AGENT

\_\_\_\_\_  
Date

Printed Name & Title



**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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**Complete the one box below that relates to the type of ownership of your business.**

**Sole Owner / Proprietorship**

Name of Sole Owner: \_\_\_\_\_  
Residence Address Drivers License Number

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

Name of Partnership: \_\_\_\_\_

Partnership Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Partner Name: \_\_\_\_\_  
Residence Address Drivers License Number

Partner Name: \_\_\_\_\_  
Residence Address Drivers License Number

Partner Name: \_\_\_\_\_  
Residence Address Drivers License Number

**Association**    **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Name: \_\_\_\_\_  
Residence Address Drivers License Number

Name: \_\_\_\_\_  
Residence Address Drivers License Number

**Corporation**    **LLC**

Corporation Name: \_\_\_\_\_  
Date and Place of Incorporation

Corporation Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

President Name: \_\_\_\_\_  
Residence Address Drivers License Number

Officer's Name: \_\_\_\_\_  
Residence Address Drivers License Number

Officer's Name: \_\_\_\_\_  
Residence Address Drivers License Number

Name of Registered Agent: \_\_\_\_\_  
Residence Address Drivers License Number