

**Texas Department of State Health Services** 

TEXAS DEPARTMENT OF STATE HEALTH SERVICES BUSINESS FILING AND VERIFICATION SECTION

FOOD WHOLESALE REGISTRATION APPLICATION **INITIAL, CHANGE OF OWNERSHIP, RENEWAL, OR OUT OF BUSINESS NOTIFICATION** 

> Health and Safety Code, Chapter 431 Texas Administrative Code, Chapter 229

# **FACILITY INFORMATION**

Name Under Which Business is Conducted Physical Street Address:	. , _		
City, State, Zip Code:			
Telephone # at address: ( )			
Business Hours of operation:	m. to	m.	
TO LIST ADDITIONAL STORAGE LOCA	FIONS, SE	E PAGE 6	
WEBSITE/INTERNET ADDRESS http://www Must check <b>yes</b> or <b>no</b> for each question:	v		
Does this registrant store produce only?			
Does this registrant store <b>seafood produ</b>	<b>cts</b> (fresh,	non-frozen, dried)? 🗆 <b>Yes</b>	□ No
<b>RESPONSIBLE INDIVIDUAL IN C</b>	THARGE	AT PHYSICAL ADDRESS(E	S)

Name & Title

**Residence Address** 

## **PURPOSE OF THIS APPLICATION**

Mark appropriate box to indicate purpose of application and/or any change in status of firm. □ New (Initial) Initial applications do not require a late fee

□ Change of Ownership Previous owner:

Effective Date:

Change of ownership application does not require a late fee.

□ Renewal

## Notice that firm is out of business. Date:

Reason:

**STOP!** You do not have to complete the application. Go to the last page to sign and date. Return to the address on page 4 for deletion from our records.



FUND 183 LICENSE NUMBER:

BUDGET ZZ104

INTERNAL USE ONLY

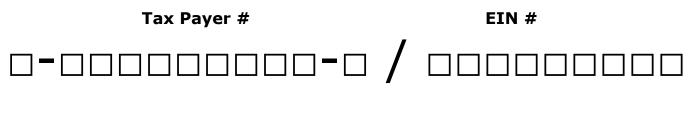
## **MAILING INFORMATION**

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

Mailing Name:
Mailing Address:
City, State, Zip Code:
Name of Application Preparer (Contact Person):
Telephone Number of Application Preparer (Contact Person):
E-mail Address of Application Preparer (Contact Person):

## LICENSE HOLDER INFORMATION

Please enter the 11-digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Also your 9-digit Federal Employee Identification Number (EIN). Sole Proprietors may enter their social security number.



Social Security #



Complete <u>ONE</u> box on	this page that relates to the type of ownership of your business
	Sole Owner/Proprietorship
Name of Sole Owner:	
Name	Residence Address
······································	
	🗆 Partnership 🛛 LP 🔤 LLP 🗆 LTD
Name of Partnership:	
Partnership Address:	
	////////
ADDRESS	CITY ST ZIP
Partner Name:	
	Residence Address
Partner Name:	
	Residence Address
Partner Name:	
	Residence Address
	Association  State Agency
Name of Association / S	tate Agency:
Address:	////////
ADDRESS	CITY ST ZIP
Name:	
	Residence Address
Name:	
	Residence Address
	Corporation  LLC
Name of Corporation	
Corporation Address:	/// ADDRESS CITY ST ZIP
President Name:	
	Residence Address
Officer's Name:	
	Residence Address
Officer's Name:	
	Residence Address
Name of Registered Age	nt:
	Residence Address

#### FEE INFORMATION

- □ **Food Wholesaler Registration Fee** \$ 103.00 (for 2 years from receipt of payment)
- □ Late Fee A person who files a renewal application after the expiration date must pay an additional \$100.00. Initial and Change of ownership applications do not require late fees.

## MAILING AND PAYMENT INFORMATION

The application and **non-refundable fee must be mailed** to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES Cash Receipts Branch MC 2003 PO Box 12008, Austin, Texas 78711

Make your check or money order payable to: Texas Department of State Health Services

#### DO NOT SEND CASH OR A TEMPORARY CHECK FEES ARE NON-REFUNDABLE

# Initial licenses will expire two years from date of payment receipt by the Department.

Normal processing time for all applications is four to six weeks.

A failure to send the **non-refundable fee** and application to the addresses in accordance with the above instructions, will increase the normal processing time. A license will not be issued unless both the accurate **non-refundable fee** and application is received.

Any returned checks received after the expiration date will be assessed the \$100.00 late fee.

# **CONTACT AND CORRESPONDENCE INFORMATION**

You may contact our office at: (512) 834-6626 or <u>foodslicensinggroup@dshs.texas.gov</u> You can visit our website at <u>www.dshs.texas.gov</u> or You can send correspondence to: Texas Department of State Health Services BF&VS, Food & Drug Business Filing and Verification Unit MC 2835 PO Box 149347 Austin, Texas 78714-9347

## **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 www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

#### 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, Chapters 229, and agree to abide by them.

Signature		Date	
	$\Box$ CORPORATE DESIGNEE / AGENT		

Printed Name & Title

# WAREHOUSE INFORMATION

For additional locations, please attach additional sheet(s) listing the following information:
LOCATION #:
Name of Licensed Warehouses(s) Where Food is Stored:
Physical Address of Warehouse(s) Where Food is Stored:
City, County, State, Zip Code:
Telephone # at address: ()
Description of Food Products Distributed:
LOCATION #:
Name of Licensed Warehouses(s) Where Food is Stored:
Physical Address of Warehouse(s) Where Food is Stored:
City, County, State, Zip Code:
Telephone # at address: ()
Description of Food Products Distributed:
LOCATION #:
Name of Licensed Warehouses(s) Where Food is Stored:
Physical Address of Warehouse(s) Where Food is Stored:
City, County, State, Zip Code:
Telephone # at address: ()
Description of Food Products Distributed: