

Texas Department of State Health Services WRHSEOP

2402 FO

183

BUDGET ZZ104

LICENSE NUMBER:

INTERNAL USE ONLY

FUND

TEXAS DEPARTMENT OF STATE HEALTH SERVICES BUSINESS FILING AND VERIFICATION SECTION

WAREHOUSE OPERATOR LICENSE 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 Cond	ucted (DBA):		
Physical Street Address:			
City, State, Zip Code:		County	
Telephone # at address: ()			
Business Hours of operation:	m. to	m.	
WEBSITE/INTERNET ADDRESS http:/	//www		

Must check **yes** or **no** for each question:

Does this	warehouse	store	produce only	v? 🗆 Y	es 🗆 No
	Marchouse	50010	produce on	y. ∟.∎.	

Does this warehouse store seafood	products (ífresh,	non-frozen,	dried`)? 🗆 Yes	🗆 No
	pionacco (anca,		

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

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 application does not require a late fee.

	Change	of	Ownershi	p	Previous	owner:
_	······································		• • • • • • • • • •	F		• • • • • • •

Effective Date:

Change of ownership does not require a late fee.

Renewal

\Box Notice that firm is out of business. Date: _

Reason:

STOP! You do not have to complete the application. Go to the last page sign and date the last page. Return to the address on page 5 for deletion from our records.

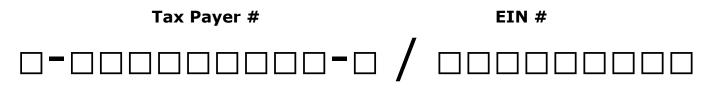
MAILING INFORMATION

(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.





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	
Partner Name:	Residence Address
Partner Name:	
	Residence Address
Partner Name:	Residence Address
	Residence Address
	Association State Agency
Name of Association / Sta	te Agency:
Address:	/////
ADDRESS	CITY ST ZIP
Name:	Residence Address
Name:	
	Residence Address
	Corporation LLC
Corporation Address:	/// ADDRESS CITY ST ZIP
President Name:	Residence Address
Officer's Name:	Residence Address
Officer's Name	
Officer's Name:	Residence Address
Name of Registered Agent	
	Residence Address

FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP

The **non-refundable fee** is based on the maximum amount of square feet dedicated to food storage during the licensing period. (biennial).

Please check one below	SQUARE FEET OF FOOD STORAGE	FEE DUE
	0 sq ft - 6,000 sq ft	\$ 361.00
	6,001 sq ft - 24,000 sq ft	\$ 721.00
	24,001 sq ft - 75,000 sq ft	\$1,082.00
	75,001 sq ft - 250,000 sq ft	\$1,442.00
	250,001 sq ft - or more	\$2,060.00

(Table 2 fees based on SQUARE FOOTAGE)

□ 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 completed 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.

CONTACT AND CORRESPONDENCE INFORMATION

You may contact our office at: (512) 834-6626 or <u>foodslicesning@dshs.texas.gov</u> You can visit our website at <u>www.dshs.texas.gov</u> 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	PARTNER	Date
	CORPORATE DES	SIGNEE / AGENT
Printed Name & Title		