



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
BUSINESS FILING AND VERIFICATION SECTION

CERTIFICATE OF ORIGIN AND SANITATION

Texas Health and Safety Code, Chapters
431,433,435,436,437,440
Texas Administrative Code, Chapter 229

2410

FOR OFFICE USE
ONLY

BUDGET ZZ104
FUND 183
LICENSE NUMBER:

FACILITY INFORMATION

COMPANY NAME _____

PHYSICAL ADDRESS _____
(STREET) (CITY) (ZIP)

ADDRESS TO MAIL CERTIFICATES TO _____
(STREET) (CITY) (ZIP)

MAIL BY: () U.S. Mail () Courier - If you prefer to use an overnight courier provide a **pre-printed shipping label** or email the pre-printed shipping label to foodslicensinggroup@dshs.texas.gov

NAME OF CONTACT
PERSON: _____

TELEPHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____

TYPE OF LICENSE

Please check the type of permit/license you currently hold with the Texas Department State Health Services or if you are a cosmetics manufacturer or distributor.

A valid license/permit and current inspection are required for issuance of certificate(s).

Cosmetic establishments are not required to be licensed by the department. Cosmetic establishments may be required to pay an inspection fee, see fee schedule information on the next page.

Cosmetics manufacturers/distributors may **ONLY** apply for a Certificate of Free Sale.

License/Permit #: _____

TABLE 1 – LIST OF BUSINESSES AND LICENSE TYPES

() Food Manufacturer	() Food Distributor
() Molluscan Shellfish	() Crab Meat
() Device Manufacturer	() Device Distributor
() Drug Manufacturer	() Drug Distributor
() Frozen Dessert Manufacturer/Distributor	() Milk Processor/Distributor
() Cosmetics Manufacturer/Distributor	

PRODUCT LIST

Please use the table below to list the product(s) for the certificate(s). Contact us if you need more information listed. **EACH PRODUCT SIZE IS A SEPARATE PRODUCT.** Products on the certificate will be listed exactly as submitted. You may email your listing as a *WORD* or *EXCEL* attachment to foodslicensinggroup@dshs.texas.gov. Please include a copy with your application. Wholesale distributors must include name of manufacturer of products.

TABLE 2 – Example of product listing

Product Name (No abbreviations)	Manufacturer of Product	Product Size
e.g. Green Beans	Manufacturer's Name Inc.	12 oz.
Green Beans	Manufacturer's Name Inc.	24 oz.

*Do Not Include Non Food Items e.g. (animal feed, foil and paper goods)

TABLE 3 – FEE SCHEDULE

CERTIFICATE OF ORIGIN AND SANITATION FEE SCHEDULE

1-50 products; \$50.00 x number of original request _____ = \$ _____

1-50 products; \$5.00 x number of each identical certificate request ___ = \$ _____

51- 200 products; \$60.00 x number of original request _____ = \$ _____

51- 200 products; \$6.00 x number of each identical certificate request ___ = \$ _____

201-500 products; \$75.00 x number of original request _____ = \$ _____

201-500 products; \$8.00 x number of each identical certificate request ___ = \$ _____

501 – 1000 products; \$100.00 x number of original request _____ = \$ _____

501 – 1000 products; \$10.00 x number for each identical certificate ___ = \$ _____

1001+ products; \$150.00 x number of original request _____ = \$ _____

1001+ products; \$15.00 for each identical certificate request _____ = \$ _____

Total Number of Certificates Requested _____ Total Amount Due \$ _____

ADDITIONAL FEES FOR LABEL AND SUPPLEMENTAL INFORMATION REVIEW

The review fee is \$72/hour with a ½ hour minimum.
 We will send a separate invoice to you via mail or fax.
 All fees must be paid before the certificate(s) can be issued.

INSPECTION FEE SCHEDULE FOR COSMETICS ONLY

Cosmetic establishments need a current and compliant inspection. The inspection fee is \$400. The inspection fee is in addition to the certificate fee. Please complete the table above to determine the total fee. Call us at 512-834-6626 if you have questions or need an inspection.

MAILING AND PAYMENT INFORMATION

Return this completed application and non-refundable fee to:
Texas Department of State Health Services
P.O. Box 12008
Austin, Texas 78711.

Please make your check or money order payable to:
Texas Department of State Health Services.

DO NOT SEND CASH.

For additional assistance, phone (512) 834-6626 or visit our website at:
www.dshs.texas.gov

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. I further certify that I have read and understand Chapter 431; 433; 435; 436; 437; 440 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