



TEXAS

Health and Human Services

Texas Department of State Health Services

**FOOD REG  
2404 FR**

BUDGET ZZ104  
FUND 183  
REGISTRATION  
NUMBER:  
\_\_\_\_\_

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
BUSINESS FILING AND VERIFICATION SECTION**

**FOOD WHOLESALE REGISTRATION APPLICATION  
MINOR AMENDMENT CHANGE**

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

**FACILITY INFORMATION**

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

Physical Address Where Distribution Records are Located: \_\_\_\_\_

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

Telephone # at address: (\_\_\_\_) \_\_\_\_\_

Business Hours of operation: \_\_\_\_\_m. to \_\_\_\_\_m.

WEBSITE/ INTERNET ADDRESS: http://www.\_\_\_\_\_

Does this registrant store produce only in the licensed warehouse?  Yes  No

**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

\_\_\_\_\_  
Name & Title Residence Address

**WAREHOUSE INFORMATION**

For additional locations, please attach additional sheet(s) listing the following information:

Name of Licensed Warehouse(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: \_\_\_\_\_

## 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): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

## REGISTRATION 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).

**Tax Payer #**

**EIN #**

-  -  /

**Complete the ONE box on this page that relates to the type of ownership of your business.**

(Table 1 – types of organizations)

|  |                   |                  |
|--|-------------------|------------------|
| <input type="checkbox"/> <b>Sole Owner / Proprietorship</b>  |                   |                  |
| Name of Sole Owner: _____  |                   |                  |
| _____  | Residence Address | Driver's License |
| <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>LP</b> <input type="checkbox"/> <b>LLP</b> <input type="checkbox"/> <b>LTD</b> |                   |                  |
| Name of Partnership: _____   |                   |                  |
| Partnership Address: _____   |                   |                  |
| ADDRESS  | CITY              | ST    ZIP        |
| Partner Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| Partner Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| Partner Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| <input type="checkbox"/> <b>Association</b> <input type="checkbox"/> <b>State Agency</b>   |                   |                  |
| Name of Association / State Agency: _____  |                   |                  |
| Address: _____   |                   |                  |
| ADDRESS  | CITY              | ST    ZIP        |
| Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| <input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>LLC</b>  |                   |                  |
| Name of Corporation: _____   |                   |                  |
| Corporation Address: _____   |                   |                  |
| ADDRESS  | CITY              | ST    ZIP        |
| President Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| Officer's Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| Officer's Name: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |
| Name of Registered Agent: _____  |                   |                  |
| Residence Address  | Driver's License  |                  |

## PURPOSE OF THIS APPLICATION

Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

**New (Initial)** - Start Date of Regulated Activity: \_\_\_\_\_

**Change of Ownership (Including legal entity)** Previous owner: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

Change of ownership (including change of legal entity) requires submission of a new application.

**Amended**  Change of Location [previous location: \_\_\_\_\_] Enter the date the  
 Change of Name [previous name: \_\_\_\_\_]} change was  
 Other: \_\_\_\_\_] Effective Date: \_\_\_\_\_

\*Any minor amendment, including change of name or change in the location of a licensed place of business, requires submission of a new application.

**Renewal**

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

Sign and date. Return for deletion from our records.

## FEE INFORMATION FOR MINOR AMENDMENT CHANGE

**Food Wholesaler Registration Fee** - \$50.00 (for minor amendment)

**Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$100.00.

## **MAILING AND PAYMENT INFORMATION**

Return the completed application and **non-refundable** fee to:  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
Foods Business Filing and Verification Group,  
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**

## **IMPORTANT INFORMATION**

Normal processing time is four to six weeks.

A registration certificate will not be issued unless the application is complete.

**Initial Registrations will expire two years from date of payment receipt by the Department.**

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

**Fees are non-refundable.**

## **CONTACT AND CORRESPONDENCE INFORMATION**

You may contact our office at: (512) 834-6626 or  
You can visit our website at [www.dshs.texas.gov](http://www.dshs.texas.gov) or  
You can send correspondence to:  
Texas Department of State Health Services  
BF&VS, Foods Business Filing and Verification Group, 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](http://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

\_\_\_\_\_  
Printed Name & Title

- OWNER \_\_\_\_\_
- PARTNER \_\_\_\_\_ Date
- PRESIDENT
- CORPORATE DESIGNEE / AGENT