



TEXAS
Health and Human
Services

Texas Department of State
Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
BUSINESS FILING AND VERIFICATION SECTION

**WAREHOUSE OPERATOR LICENSE APPLICATION
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP**

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

**WRHSEOP
2402 FO**

BUDGET ZZ104
FUND 183
LICENSE NUMBER:

INTERNAL USE ONLY

FACILITY INFORMATION

Name Under Which Business is Conducted (DBA): _____

Physical Street Address: _____

City, County, State, Zip Code: _____

Telephone # at address: (_____) _____

Business Hours of operation: _____ m. to _____ m.

WEBSITE/INTERNET ADDRESS <http://www.>_____

Does this warehouse store produce only? **Yes** **No**

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title

Residence Address

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: _____

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).

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"/> Sole Owner / Proprietorship | | |
| Name of Sole Owner: _____ | | |
| | Residence Address | Driver's License |
| <input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> LTD | | |
| 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"/> Association <input type="checkbox"/> State Agency | | |
| Name of Association / State Agency: _____ | | |
| Address: _____ | | |
| | ADDRESS / CITY / ST / ZIP | |
| Name: _____ | Residence Address | Driver's License |
| Name: _____ | Residence Address | Driver's License |
| Residence Address | Driver's License | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> LLC | | |
| 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 SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP

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

(Table 2 fees based on SQUARE FOOTAGE)

| 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 | \$1,055.00 |
| | 75,001 sq ft - 250,000 sq ft | \$1,442.00 |
| | 250,001 sq ft - or more | \$2,060.00 |

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 license will not be issued unless the application is complete.

Initial licenses 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 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 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

OWNER

Date

PARTNER

PRESIDENT

CORPORATE DESIGNEE / AGENT

Printed Name & Title