



REGULATORY LICENSING UNIT
IN-STATE ONLY

NON GRADE "A" DAIRY PRODUCT MANUFACTURER
INITIAL/ RENEWAL / AMENDED PERMIT APPLICATION

(Health and Safety Code, Chapter 435)

Return the completed application and non-refundable fee to:
Texas Department of State Health Services
RLU-Food & Drug Licensing, MC-2003
PO Box 149347, Austin, Texas 78714-9347
For Assistance call (512) 834-6727

Non Grade A Products
2007
Budget ZZ107 - 114
PERMIT #

(PL)

Name Under Which Business is Conducted (DBA):
Physical Address to be Licensed: (PL)
City County State Zip Code
Telephone Number at location address: ()

For: New and/or Amended: Application and fee must be received prior to an inspection. Please allow 4 to 6 weeks processing time.

Check only one below: FEE DUE

New License Only: (Includes a new facility, ownership change and legal entity change)

- A. Start Date of Regulated Activity within: September 1 thru February 28\29 \$800.00
B. Start Date of Regulated Activity within: March 1 thru August 31 \$600.00

Amend License Only:

- A. Amend License Fee (For change of dba name and location change only) \$400.00

Renewal Only: A late fee of \$100.00 will be assessed if payment is not received on or before August 31.

If renewing your license check here: Renewal Fee Due \$824.00

INSPECTION FEES: All dairy product manufacturers will be assessed a monthly inspection fee of \$.015 as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required.

Products manufactured please check all which apply: Cheese Butter Dry Whey Dry Whole Milk
Dry Buttermilk Nonfat Dry Milk Evaporated Milk (whole or skim) Condensed Whole Milk / Skim Milk
Sweetened Condensed Milk Whey Protein Concentrates Plastic Cream or Anhydrous Milk Fat
Other Please list items:

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, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

Print Name: Title: Owner President Partner Corporate Designee / Agent

sign here Date:

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

New - Estimated Start Date of Regulated Activity: _____

Change of Ownership - requires submission of application and fee as listed on Page 1.

PLEASE NOTE: If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.

Previous business name: _____

Previous owner name: _____

Effective Date of Change: _____

Amended - If business name (dba) or change of location has changed, submission of fee is required as listed on Page 1.

Change of location [previous location]: _____

Change of dba name [previous name]: _____

Other: _____

Enter the date the change was effective: _____

Renewal - Failure to submit the renewal fee before the expiration date will result in a delinquency fee for each location and must be remitted before the license or permit will be issued.

Notice that firm is out of business. Date out of business: _____
Sign and date 1st page and return original license for deletion from our records.

Not required to license/permit
Reason: _____

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

MAILING ADDRESS INFORMATION

(The license, courtesy renewal notice and inspection billing will be sent to the following billing address)

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: _____

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 listed below for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE / PERMIT WILL BE ISSUED. Please allow 4-6 weeks for processing.

Visit our website at: www.dshs.state.tx.us/fdllicense

Please address **correspondence only** to:
Texas Department of State Health Services
RLU, Food and Drug Licensing Group, MC 2835
PO Box 149347
Austin, Texas 78714-9347

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
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