



Texas Department of State Health Services

**BUSINESS FILING AND VERIFICATION SECTION**

**CERTIFIED FOOD MANAGER PROGRAM  
INITIAL / RENEWAL TEST SITE  
LICENSE APPLICATION**

(Health and Safety Code (HSC), Chapter 438, Subchapter G)

Return both the completed application and **non-refundable check or money order** made payable to: Texas Department of State Health Services, RLU, Food and Drug Licensing-MC2003, PO. Box 149347, Austin, Texas 78714-9347

**ALLOW 4-6 WEEKS PROCESSING TIME**

**2103 -Test Site**

Budget: ZZ106

Fund: 073

LICENSE #

Please note that this application is for a Test Site. A separate application package is required for Certification Programs. Applications may be downloaded at <http://dshs.texas.gov/food-managers/default.aspx>, or contact this office at (512) 834-6727.

Business applying to operate Test Site: \_\_\_\_\_

Name of owner (licensee of Test Site): \_\_\_\_\_

Physical address of Test Site: \_\_\_\_\_

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

Mailing address: \_\_\_\_\_

Telephone number at physical address: \_\_\_\_\_

Test Site Email address: \_\_\_\_\_

Test Site Website (URL): \_\_\_\_\_

**INITIAL / RENEWAL LICENSE**

**Please check the appropriate box:**

**1 Site:** \$400.00     **2 to 10 sites:** \$1000.00     **Over 10 sites:** \$2000.00

**Late Fee - \$100.00**

Late fees are assessed to any licensee who files for renewal after the license expiration date, or any returned check received after the expiration date.

**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 438 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapter 229, and agree to abide by them.

\_\_\_\_\_  
Signature of Test Site Licensee

\_\_\_\_\_  
Printed name & title

\_\_\_\_\_  
Date

**PURPOSE OF THIS APPLCIATION:** Check appropriate box

**New**

**Renewal:** Renewals are valid for two years from the anniversary date. 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.

**Amended:** Effective date: \_\_\_\_\_

Change of location                       Change of name

Other \_\_\_\_\_

**Change of ownership:** Effective date: \_\_\_\_\_

Previous business name & license number: \_\_\_\_\_

**Out of business:** Effective date: \_\_\_\_\_

I choose not to renew my test site license.

⚙️ A completed application must be submitted with the appropriate fees prior to a change of license ownership, site location, or change of name. The effective date of change becomes the new anniversary date.

**TEST SITE INFORMATION**    Public    Private

**EXAMINATION:** only department approved examinations may be utilized.

Online    National (please specify): \_\_\_\_\_

**ALLOW 4- 6 WEEKS PROCESSING TIME  
FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY  
ACCREDITATION**

**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).

\_\_\_\_\_  
Taxpayer number

\_\_\_\_\_  
EIN number

For the information below, complete **the box** that applies to the ownership of the License

**Sole Owner / Proprietorship**

\_\_\_\_\_  
Name of sole owner

**Association**    **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Partner Name: \_\_\_\_\_

**Partnership**    **LP**    **LLP**    **LTD**

Partnership Name: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Partner Name: \_\_\_\_\_

Partner Name: \_\_\_\_\_

**CORPORATION**       **LLC**

Date & Place of Incorporation: \_\_\_\_\_

Corporation name: \_\_\_\_\_

\_\_\_\_\_

Address	City	St	Zip Code
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President Name: \_\_\_\_\_

Officer Name: \_\_\_\_\_

Officer Name: \_\_\_\_\_