BUSINESS FILING AND VERIFICATION SECTION

CERTIFIED FOOD MANAGER PROGRAM
MINOR AMENDMENT 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

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): __________________________

MINOR AMENDMENT

Please check the appropriate box:

☐ 1 Site: $200.00  ☐ 2 to 10 sites: $500.00  ☐ Over 10 sites: $1000.00.
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 APPLICATION: 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).

<table>
<thead>
<tr>
<th>Taxpayer number</th>
<th>EIN number</th>
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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: ________________________________

PAGE 3 OF 4
**Partnership**  □ LP  □ LLP  □ LTD

Effective Date of Partnership

Name of Partnership: __________________________________________________

Street  City  St  zip

Partner Name: _______________________________________________________

Partner Name: _______________________________________________________

Partner Name: _______________________________________________________

Partner Name: _______________________________________________________

**Corporation**  □ LLC

Date & Place of Incorporation:__________________________________________

Corporation Name: ___________________________________________________

Address  City  ST  Zip

President Name: ____________________________________________________

Officer’s Name: ____________________________________________________

Officer’s Name: ____________________________________________________

BE SURE TO COMPLETE ALL PAGES OF THIS FORM