



**M&D Retail  
Raw 2006**  
**Budget ZZ107**  
**Fund 114**  
License #

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
BUSINESS FILING AND VERIFICATION SECTION  
GRADE "A" RAW FOR RETAIL LICENSE APPLICATION  
FOR  
INITIAL, CHANGE OF OWNERSHIP, RENEWAL,  
AMENDED, UPGRADING AFTER INSPECTION, OR  
NOTIFICATION OF CLOSURE**

Health and Safety Code, Chapter 435  
Texas Administrative Code, Chapter 217

**ANIMAL HEALTH AGREEMENT**

Texas Animal Health Commission: Veterinary Services, Animal and Plant Health Service, USDA; Milk and Dairy Products Group, Texas Department of State Health Services. These three named Agencies are responsible for control and eradication of brucellosis, tuberculosis and other animal diseases as is required by Chapter 435, Texas Health and Safety Code and other State and Federal requirements. I agree to help and cooperate with my milking herd in the Agencies' programs.

**PHYSICAL LOCATION AND MAIN ADDRESS**

Name business is conducted under (DBA): \_\_\_\_\_

Physical address to be licensed: \_\_\_\_\_

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

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

**WEBSITE / INTERNET ADDRESS:** <http://www.>\_\_\_\_\_

## PURPOSE OF THIS APPLICATION

Mark appropriate box to indicate purpose of registration, and/or changes in registration status. If you were inspected and given notification that you need to apply for a license, check "Upgrade after an inspection citing lack of license."

**Upgrade after an inspection citing lack of license/registration**

Inspection number (on form from inspector) and date of inspection: \_\_\_\_\_

**Change of Ownership**

**Amended** – If business name (DBA) or location has changed, submission of fee is required as listed on page 5.

Change of location (previous location):

Change of DBA name (previous name):

Other: \_\_\_\_\_

Effective date of change: \_\_\_\_\_

Not required to license. Reason: \_\_\_\_\_

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

**Stop!** You do not have to complete this application. Go to the last page of this document to sign and date and mail this document to the address on page 6.

## TYPE OF MILK SOLD

Please check all that apply

Cow                       Goat                       Sheep                       Camel                       Water Buffalo

## PRODUCTS SOLD AT FACILITY

Please check all that apply

Milk Products                       Fluid Cream                       Yogurt                       Raw Milk

Other, please list: \_\_\_\_\_

**MAILING ADDRESS**

Mailing name: \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Telephone number of contact person: (\_\_\_\_\_) \_\_\_\_\_

E-mail of contact Person: \_\_\_\_\_

**LICENSE HOLDER INFORMATION**

Please enter the 11-digit State Tax Payer’s Identification number on file with the Texas Comptroller of Public Accounts and your 9-digit Federal Employee Identification Number (EIN). Sole Proprietors may enter their social security number.

**Tax Payer #**

**EIN #**

-  -  /

**Social Security #**

**FOOD MANUFACTURER LICENSE**

**Does your facility maintain a Food Manufacturer’s License?**

**YES** License number: \_\_\_\_\_

**NO**

Complete **ONE** section on this page that relates to your business ownership.

**Sole Owner/Proprietorship**

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

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

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

Partnership  
Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Partner Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

Partner Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

Partner Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

**University/College**     **County/Department**     **Family Trust**

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

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

**Corporation**     **LLC**

Name of Corporation: \_\_\_\_\_

Corporation Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

President Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

Officer's Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

Officer's Name: \_\_\_\_\_  
Residence Address \_\_\_\_\_

Name of Registered Agent: \_\_\_\_\_  
Residence Address \_\_\_\_\_

## **FEE SCHEDULE FOR INITIAL, AMENDMENT, UPGRADE AFTER INSPECTION OR CHANGE OF OWNERSHIP APPLICATION**

For initial, change of ownership and/or Amended applications: Application and fee must be received prior to an inspection. Please allow 4 to 6 weeks for processing time.

Check only one below:

	<b>FEE DUE</b>
<input type="checkbox"/> Start date of regulated activity within September 1 – February 28/29	<b>\$800.00</b>
<input type="checkbox"/> Start date of regulated activity within March 1 – August 21	<b>\$600.00</b>

### **FEE SCHEDULE FOR AMENDMENT APPLICATIONS**

<input type="checkbox"/> Amend an existing license (DBA name and/or location change only)	<b>\$400.00</b>
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### **FEE SCHEDULE FOR RENEWAL APPLICATIONS**

<input type="checkbox"/> Renewal application	<b>\$824.00</b>
<input type="checkbox"/> <b>Late Fee</b> – A person who files a <b>renewal</b> application <b>after August 31</b> must pay a late fee of <b>\$100.00</b> .	

**Initial, amendment, and change of ownership applications do not pay a late fee.**

### **INSPECTION FEES**

All milk product processors will be assessed a monthly inspection fee of \$.045 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. If a plant has not production and still maintains an active permit in the State of Texas, the facility will still be required to pay the minimum fee. Facilities shall submit monthly production data to the department no later than 15 days after the end of each monthly reporting period, accompanied by the required fee. The department may revoke a permit issued under Health and Safety Code 435, if the permit holder is delinquent in the remittance of the inspection fee.

## **IMPORTANT INFORMATION**

Normal processing time for all applications is four to six weeks

Make your check or money order payable to: Department of State Health Services

**DO NOT SEND CASH OR A TEMPORARY CHECK**

**FEES ARE NON-REFUNDABLE**

**Renewed Licenses will expire every two years on August 31<sup>st</sup>.**

A failure to send the non-refundable fee and application to the addresses in accordance with the above instructions, will increase the normal processing time.

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

### **MAILING ADDRESS FOR APPLICATIONS WITH PAYMENT**

Texas Department of State Health Services  
Cash Receipts Branch MC 2003  
PO Box 149347  
Austin, Texas 78714-9347

A license will not be issued unless both the accurate **non-refundable fee** and application are received.

### **MAILING ADDRESS FOR OVERNIGHT (FED-EX, UPS)**

Texas Department of State Health Services  
Cash Receipts Branch MC 2003  
1100 West 49th St  
Austin, TX 78756

### **MAILING ADDRESS FOR APPLICATIONS WITHOUT PAYMENT**

Texas Department of State Health Services  
BF&VS, Food & Drug Business Filing and Verification Unit - MC 2835  
PO Box 149347  
Austin, Texas 78714-9347

## CONTACT INFORMATION

EMAIL: [drugs-foodsafety@dshs.texas.gov](mailto:drugs-foodsafety@dshs.texas.gov)

MAIL WEBSITE: [www.dshs.texas.gov/milk](http://www.dshs.texas.gov/milk)

PHONE: 512-834-6727

FAX: 512-834-6641

You can take our customer service survey by going to:

<https://www.surveymonkey.com/r/RLUsurvey>

## 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 have the right to ask the state agency to correct any information that is determined to be incorrect.

## 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 Health & Safety 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Owner       President       Partner       Corporate Designee/Agent