



TEXAS
Health and Human
Services

Texas Department of State
Health Services

M&D Non
Grade A
Products
2007

Budget ZZ107
Fund 114

License #

BUSINESS FILING AND VERIFICATION SECTION

Non Grade "A" Dairy Product Manufacturer

Initial/ Renewal/Amended license application

(Health and Safety Code, Chapter 435)

Return the completed application and **non-refundable check or
money order** to:

Texas Department of State Health Services - Food & Drug Licensing,
MC-2003 PO Box 149347, Austin, Texas 78714-9347

For Assistance call (512) 834-6727

(PL)(MA)

Name business is conducted under (DBA): _____

Physical address to be licensed: _____

City _____ County _____ ST _____ Zip Code _____

Telephone number at physical address: _____

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

Check only one below:

FEE DUE

New licenses only (includes change of ownership)

☐ Start date of regulated activity within Sept 1 – Feb28/29 \$800.00

☐ Start date of regulated activity within March 1 – Aug 31 \$600.00

Amend license only:

FEE DUE

☐ Amend license (For change of dba name and/or location change only) \$400.00

If renewing your license check here ☐ **Renewal fee due** \$824.00

Products manufactured, please check all which apply:

- 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.

Date: _____

Signature

Title: ☐ Owner ☐ President ☐ Partner ☐ Corporate Designee/Agent

Purpose of this application: Mark appropriate box to **indicate** purpose of this application and/or any changes in the status of firm.

☐ **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.

☐ **New** Estimated start date of regulated activity: _____

☐ **Change in ownership** – Requires submission of application and fee as listed on page 1. If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.

Previous owner name: _____

Previous business name (dba): _____

Effective date of change: _____

Amended – If business name (DBA) or 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: _____

Effective date of change: _____

☐ Notice that firm is out of business. Date closed: _____

Sign & date page 1 & return for deletion from our records.

☐ Not required to license. Reason: _____

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

Mailing address information. The license and/or courtesy renewal notice will be sent to the address below.

Mailing name: _____

Mailing address: _____

City, State, Zip Code: _____

Name of application preparer (contact person): _____

Telephone number of contact person: _____

Email address of contact person: _____

Fax number of contact person: _____

License Holder Information: Please list the 11 digit state Taxpayers Number on file with the Texas Comptroller of Public Accounts and the 9 digit 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: _____

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

Name of entity

President / Officer

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

Effective date of partnership: _____

Name of partnership

Partner name

Partner name

Partner name

☐ **Corporation** ☐ **LLC**

Date & Place of Incorporation: _____

Name of corporation: _____

President's name: _____

Officer name: _____

Officer name: _____

Name of registered agent: _____

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.

You may visit our website at: **www.dshs.texas.gov/milk**

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BE SURE TO COMPLETE ALL PAGES OF THIS FORM