



TEXAS DEPARTMENT OF STATE HEALTH SERVICES BUSINESS FILING AND VERIFICATION SECTION

FOOD WHOLESALE REGISTRATION APPLICATION INITIAL, CHANGE OF OWNERSHIP, RENEWAL, OR OUT OF BUSINESS NOTIFICATION

Health and Safety Code, Chapter 431 Texas Administrative Code, Chapter 229

FACILITY INFORMATION

Name Under Which Business is Conducted (DBA):

Physical Street Address:

City, State, Zip Code: County

Telephone # at address: ( )

Business Hours of operation: m. to m.

TO LIST ADDITIONAL STORAGE LOCATIONS, SEE PAGE 6

WEBSITE/INTERNET ADDRESS http://www.

Must check yes or no for each question:

Does this registrant store produce only? Yes No

Does this registrant store seafood products (fresh, non-frozen, dried)? Yes No

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS(ES)

Name & Title Residence Address

PURPOSE OF THIS APPLICATION

Mark appropriate box to indicate purpose of application and/or any change in status of firm.

New (Initial) Initial applications do not require a late fee

Change of Ownership Previous owner:

Effective Date:

Change of ownership application does not require a late fee.

Renewal

Notice that firm is out of business. Date:

Reason:

STOP! You do not have to complete the application. Go to the last page to sign and date.

Return to the address on page 4 for deletion from our records.

**MAILING INFORMATION**

(The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer (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. Also your 9-digit Federal Employee Identification Number (EIN). Sole Proprietors may enter their social security number.

**Tax Payer #**

**EIN #**

-  -  /

**Social Security #**

Complete **ONE** box on this page that relates to the type of ownership of your business.

**Sole Owner/Proprietorship**

Name of Sole Owner: \_\_\_\_\_

\_\_\_\_\_

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

**Association**    **State Agency**

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 INFORMATION**

- Food Wholesaler Registration Fee** - \$ 103.00 (for 2 years from receipt of payment)
  
- Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$100.00. **Initial and Change of ownership applications do not require late fees.**

## **MAILING AND PAYMENT INFORMATION**

The application and **non-refundable fee must be mailed** to:  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
Cash Receipts Branch  
MC 2003  
PO Box 12008, Austin, Texas 78711

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

**DO NOT SEND CASH OR A TEMPORARY CHECK  
FEES ARE NON-REFUNDABLE**

**Initial licenses will expire two years from date of payment receipt by the Department.**

Normal processing time for all applications is four to six weeks.

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

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

## **CONTACT AND CORRESPONDENCE INFORMATION**

You may contact our office at: (512) 834-6626 or [foodslicensinggroup@dshs.texas.gov](mailto:foodslicensinggroup@dshs.texas.gov)  
You can visit our website at [www.dshs.texas.gov](http://www.dshs.texas.gov) or  
You can send correspondence to:  
Texas Department of State Health Services  
BF&VS, Food & Drug Business Filing and Verification Unit  
MC 2835  
PO Box 149347  
Austin, Texas 78714-9347

## **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 [www.dshs.texas.gov](http://www.dshs.texas.gov) for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

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

\_\_\_\_\_  
Signature

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

- OWNER
  - PARTNER
  - PRESIDENT
  - CORPORATE DESIGNEE / AGENT
- \_\_\_\_\_ Date

## **WAREHOUSE INFORMATION**

For additional locations, please attach additional sheet(s) listing the following information:

LOCATION # \_\_\_\_:

Name of Licensed Warehouses(s) Where Food is Stored: \_\_\_\_\_

Physical Address of Warehouse(s) Where Food is Stored: \_\_\_\_\_

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

Telephone # at address: ( \_\_\_\_\_ ) \_\_\_\_\_

Description of Food Products Distributed: \_\_\_\_\_

LOCATION # \_\_\_\_:

Name of Licensed Warehouses(s) Where Food is Stored: \_\_\_\_\_

Physical Address of Warehouse(s) Where Food is Stored: \_\_\_\_\_

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

Telephone # at address: ( \_\_\_\_\_ ) \_\_\_\_\_

Description of Food Products Distributed: \_\_\_\_\_

LOCATION # \_\_\_\_:

Name of Licensed Warehouses(s) Where Food is Stored: \_\_\_\_\_

Physical Address of Warehouse(s) Where Food is Stored: \_\_\_\_\_

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

Telephone # at address: ( \_\_\_\_\_ ) \_\_\_\_\_

Description of Food Products Distributed: \_\_\_\_\_