



TEXAS DEPARTMENT OF STATE HEALTH SERVICES BUSINESS FILING AND VERIFICATION SECTION

FOOD WHOLESALER LICENSE APPLICATION MINOR AMENDMENT CHANGE

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

NOT FOR CHANGE OF OWNERSHIP

FACILITY INFORMATION

License number and expiration date: _____

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.

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

Must check yes or no for each question:

Does this location distribute produce only? Yes No

Does this location distribute seafood products (fresh, non-frozen, dried)? Yes No

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title

Residence Address

PURPOSE OF THIS APPLICATION

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

Amended Previous Location: _____ Previous Name: _____ Effective Date for changes: _____ Other: _____

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: _____

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 SCHEDULE FOR MINOR AMENDMENT CHANGE

The **non-refundable fee** is based on the **gross annual sales** of **ALL** food wholesaled from the licensed place of business. If a food manufacturer operates food warehousing locations that are physically separate from any manufacturing location, the food warehouses must be individually licensed as warehouse operators. This include facilities where food is held for limited periods of time.

(Table 2 fees based on gross annual sales)

Please check one below	GROSS ANNUAL FOOD SALES	FEE DUE
	\$ 0.00 - \$ 199,999.99	\$ 125.00
	\$ 200,000.00 - \$ 499,999.99	\$ 225.00
	\$ 500,000.00 - \$ 999,999.99	\$ 340.00
	\$ 1,000,000.00 - \$ 9,999,999.99	\$ 450.00
	\$ 10,000,000.00 or more	\$ 675.00

MAILING AND PAYMENT INFORMATION

Return the completed application and **non-refundable** fee 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**

IMPORTANT INFORMATION

Normal processing time is four to six weeks.

A license will not be issued unless the application is complete.

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

If you are a food manufacturer, private labeler, or repacker, or a food wholesaler who is also required to be licensed as a wholesale distributor of nonprescription drugs, medical gases or device distributor, www.dshs.texas.gov/drugs or www.dshs.texas.gov/medical-devices for the correct application.

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

Fees are non-refundable.

CONTACT AND CORRESPONDENCE INFORMATION

You may contact our office at: (512) 834-6626 or foodslicensinggroup@dshs.texas.gov

You can visit our website at 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 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

OWNER

Date

PARTNER

PRESIDENT

CORPORATE DESIGNEE / AGENT

Printed Name & Title