



DRUG MFG OTC

REGULATORY LICENSING UNIT
IN-STATE WHOLESALE DISTRIBUTORS OF NONPRESCRIPTION DRUGS WHO ARE MANUFACTURERS LICENSE APPLICATION
(Health and Safety Code, Chapter 431)

BUDGET: ZZ105
FUND: 183
LICENSE #:

Return both the completed application and non-refundable fee made payable to the TEXAS DEPARTMENT OF STATE HEALTH SERVICES in the envelope provided or mail to: Texas Department of State Health Services, PO Box 12008, Austin, Texas 78711. You may visit our website at: www.dshs.state.tx.us

If you are a wholesale distributor of non-prescription drugs only, contact this office at (512) 834-6626 for the correct application.

Name Under Which Business is Conducted (DBA):
Physical Address to be Licensed:
City, County, State, Zip Code:
Telephone # at address: ()

Type of Operation: (Check all that apply)
[] Manufacturer [] Contract Manufacturer [] Repackager and/or Relabeler

Type of Drugs: (Check all that apply)
[] Human [] Veterinary

FEE SCHEDULE FOR IN-STATE WHOLESALE DISTRIBUTORS OF NONPRESCRIPTION DRUGS WHO ARE MANUFACTURERS

The fee is based on gross annual sales for ALL nonprescription drugs manufactured at the licensed place of business. This includes a person who manufactures, prepares, propagates, compounds, processes, packages, or repackages nonprescription drugs or a person who changes the container, wrapper or labeling of any nonprescription drug package.

Table with 2 columns: GROSS ANNUAL DRUG SALES and FEE FOR MINOR AMENDMENT. Rows show fee amounts for sales ranges from 0.00 to over \$20,000,000.00.

[] Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.

ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.

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, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature and Date lines.
[] OWNER
[] PARTNER
[] PRESIDENT
[] CORPORATE DESIGNEE / AGENT

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

New - Start Date of Regulated Activity: _____

Change of Ownership (Including legal entity) [previous owner: _____ Effective Date: _____]
Change of ownership (including change of legal entity) requires submission of a new application and fee as listed on Page 1. The effective date of change becomes the new anniversary date.

Amended - Change of Location [previous location: _____] Enter the date the change was effective
 Change of Name [previous name: _____] Date: _____
 Other: _____

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.

Renewal - Renewals are valid 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.**

Notice that firm is out of business. Date: _____
Sign and date. Return for deletion from our records.

Not required to license/permit
Reason: _____

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.

**Residence address, driver=s license number, and date of birth are only required of drug, device, and/or certificate of authority applicants*

Name & Title *Residence Address *Driver=s License Number *Date of Birth

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

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

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

Billing Name: _____

Billing Address: _____

City, State, Zipcode: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

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. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.

For assistance in completing this application, call (512) 834-6626.

Please address any correspondence to: Texas Department of State Health Services, Regulatory Licensing Unit, Food and Drug Licensing Group, 1100 West 49th Street, Austin, Texas 78756.

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM
PAGE 2 OF 3**

LICENSE HOLDER INFORMATION: Complete the required ownership information.

Legal name of company must be identical to the name on your State Tax Payer=s Identification on file with the Texas Comptroller of Public Accounts.

Legal Name _____ Tax Payer ID # or Charter # _____ Outlet # _____

Mailing Address of Licensed Establishment _____ City and State _____ Zip _____

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(If yes, please attach a statement explaining the conviction.)

**Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants*
INCLUDE A COPY OF YOUR DRIVER'S LICENSE

SOLE OWNER / PROPRIETORSHIP

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

PARTNERSHIP **LP** **LLP** **LTD**

Name of Partnership _____ Effective Date of Partnership _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

ASSOCIATION

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

CORPORATION **LLC**

Name of Corporation _____ Date and Place of Incorporation _____

President=s Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Officer=s Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Officer=s Name _____ *Residence Address _____ *Drivers License Number _____ *Date of Birth _____

Name of Registered Agent _____ *Residence Address _____ Telephone Number _____