



REGULATORY LICENSING UNIT
OUT-OF-STATE FROZEN DESSERT MANUFACTURER
PERMIT APPLICATION
(Health and Safety Code, Chapter 440)

Return the completed application and non-refundable fee to the
Texas Department of State Health Services, 1100 West 49th St, Austin, Texas 78756-3182.
You may visit our website at: www.dshs.state.tx.us

Plant Identification Code Issued by Regulatory Agency: _____

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

INSPECTION FEE - Facilities located beyond the legal boundaries of the State of Texas, which export products into the State of Texas
for sale or distribution shall be assessed an inspection fee of \$.015 per hundredweight as stated in 25 Texas Administrative Code Chapter 217,
Subchapter E, § 217.91. This includes all frozen desserts manufactured by frozen desserts manufacturing plants. Fees are assessed on a
monthly basis and a minimum payment of \$5.00 is required. Permits will become void and products may be suspended for sale in Texas for
facilities delinquent more than 3 months on their monthly inspection fees.

List of Products Distributed in Texas (attach an additional list if needed):

Name(s), Address(es), Telephone Number(s) of distribution point(s) in Texas (attach an additional list if
needed):

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 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 440 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
Partner
President
Corporate Designee / Agent

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 _____