



**REGULATORY LICENSING UNIT
IN-STATE MILK OR DAIRY PRODUCTS PROCESSOR
PERMIT APPLICATION
(Health and Safety Code, Chapter 435)**

Return the completed application and **non-refundable** fee to the
Texas Department of State Health Services, 1100 West 49th St, Mail Code 2003, Austin, Texas 78756-3182.
You may visit our website at: www.dshs.state.tx.us

M&D - PROCESSOR

IN-STATE

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

TYPE OF FACILITY: <input type="checkbox"/> Milk or Dairy Products Processor
FEE --- \$800.00
(DO NOT MAIL PAYMENT – YOU WILL BE BILLED AT A LATER DATE)

INSPECTION FEES: All milk or dairy products processors will be assessed a monthly inspection fee of \$.045 as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required. If a plant has no production and still maintains an active permit in the State of Texas, the facility will still be required to pay the minimum fee. Facilities shall submit monthly production data to the department no later than 15 days after the end of each monthly reporting period, accompanied by the required fee. The department may revoke a permit issued under Health and Safety Code 435, if the permit holder is delinquent in the remittance of the inspection fee.

List of Products Distributed in Texas (attach a 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 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

Signature _____	<input type="checkbox"/> OWNER	Date _____
	<input type="checkbox"/> PARTNER	
	<input type="checkbox"/> PRESIDENT	
	<input type="checkbox"/> CORPORATE DESIGNEE / AGENT	
Printed Name & Title _____		

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
 Change of Name [previous name: _____] } was effective
 Other: _____ Date: _____

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

Revised 02/01/06