



M&D - PROCESSOR

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

Out-of-State

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

Plant Identification Code Issued by Regulatory Agency: \_\_\_\_\_

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

TYPE OF FACILITY: [ ] Milk or Dairy Products Processor

INSPECTION FEES: 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 \$.045 per hundredweight as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91. This includes all milk or dairy products processed, manufactured, or bottled by milk or dairy products 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 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

Signature Date
[ ] OWNER
[ ] PARTNER
[ ] PRESIDENT
[ ] CORPORATE DESIGNEE / AGENT
Printed Name & Title



**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 \_\_\_\_\_