



REGULATORY LICENSING UNIT
RETAIL RAW DAIRY PERMIT APPLICATION
(Health and Safety Code, Chapter 435)

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/fdlicense

BUDGET: ZZ107
PERMIT#:

Requested License Type: [] New [] Amended [] Reactivate Old Number

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

RETAIL RAW DAIRY - \$800.00
(DO NOT MAIL PAYMENT – YOU WILL BE BILLED AT A LATER DATE)
NON-REFUNDABLE FEE

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.

SELLING OF RAW MILK TO THE CONSUMER: Raw milk may be sold by the milk producer directly to the consumer ONLY at the point of production, i.e. at the farm provided that such producer has been issued a Grade A Raw for Retail Milk Permit in accordance with 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91 (relating to Permits), and complies with all sections of Chapter 217 relating to Grade A Raw for Retail Milk.

PRODUCTS SOLD AT FACILITY LISTED ABOVE: (Check all that apply)
[] Milk Products [] Fluid Cream [] Yogurt [] Cottage Cheese [] Cheese
[] Raw Milk [] Butter [] Other:

Does your facility maintain a Food Manufacturer’s License? [] Yes [] No
License #

Type of Water System: [] Well Water [] City Water If yes, Name of Community Water System:

ANIMAL HEALTH AGREEMENT
Texas Animal Health Commission: Veterinary Services, Animal and Plant Health Service, USDA; Milk and Dairy Products Group, Texas Department of State Health Services. These three named Agencies are responsible for control and eradication of brucellosis, tuberculosis and other animal diseases as is required by Chapter 435, Texas Health and Safety Code and other State and Federal requirements. I agree to help and cooperate with my herd or cattle or goats in the Agencies’ programs.

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 _____