



MULTIPLE - OTC

REGULATORY LICENSING UNIT
MULTIPLE PRODUCT NONPRESCRIPTION DRUG LICENSES APPLICATION
(Health and Safety Code, Chapter 431)

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

BUDGET: ZZ105
FUND: 183
LICENSE #:

If you are a manufacturer of any food, drug, or device product; or a wholesale distributor of prescription drugs, including compressed medical gases, 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: ( )

PRODUCTS DISTRIBUTED: Mark all boxes that apply. You must check two or more types of products in order to complete this application. If you do not check two or more boxes contact our office at the number above.
Food
Nonprescription Drugs (Check all that apply) Human Veterinary
Devices (Check all that apply) Prescription Nonprescription

PRIMARY ACTIVITY (highest gross annual sales - check ONE only):
Food Nonprescription Drugs Devices

FEE SCHEDULE FOR DISTRIBUTORS OF MULTIPLE PRODUCTS

License fee is based on COMBINED gross annual sales of food, drugs, and/or devices at each licensed place of business. The provisions regarding the sale of food, drugs, and/or devices shall be considered to include the offering, possessing, and holding of any such article for sale, and the sale, dispensing, and giving of any such article, and the supplying or applying of any such articles in the conduct of any food, drug, and/or device place of business.

Table with 2 columns: COMBINED GROSS ANNUAL SALES and FEE FOR MINOR AMENDMENT. Rows show sales ranges from \$0.00 to \$10,000,000.00 and corresponding fees from \$260.00 to \$975.00.

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 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 \_\_\_\_\_