



REGULATORY LICENSING UNIT
SHELLFISH PROCESSING FACILITY APPLICATION
(Health and Safety Code, Chapter 436)

Return the completed application to the
Texas Department of State Health Services, 1100 W. 49th St, Mail Code 2003, Austin, Texas 78756.
You may visit our website at: www.dshs.state.tx.us

SHELLFISH

For Departmental Use Only

TX #:
Date:
Inspector:
Approval:

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

TYPE OF CERTIFICATION (check one):

- Shucker / Packer, Shellstock Shipper, Re-packer, Depuration Processor

WATER SUPPLY (check one):

- Public, Private

SEWAGE DISPOSAL (check one):

- Public, Private

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 436 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature

- OWNER, PARTNER, PRESIDENT, CORPORATE DESIGNEE / AGENT

Date

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 was effective  
 Change of Name [previous name: \_\_\_\_\_] Date: \_\_\_\_\_  
 Other: \_\_\_\_\_

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 49<sup>th</sup> 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 \_\_\_\_\_