



DEPARTMENT OF STATE HEALTH SERVICES

Regulatory Licensing Unit
Bedding/Sleep Products Permit Program ZZ109-066
(512) 834 - 6600, ext. 2426

<http://www.dshs.state.tx.us/bedding>

**Bedding/Sleep Products
Two-Year Licensure Application**

Under Texas Health and Safety Code, Chapter 345

Budget ZZ109-066

Received date: _____

Approval date: _____

Approved by: _____

Issue date: _____

File No.: _____

License No. _____

(OFFICE USE ONLY)

Remit No: _____
Date: _____

Company Name: _____ Tax ID No: _____

Using the tables on the back, complete the information below. You will enter the estimated number or articles sold in the State of Texas (use the letter indicator **A-T**) and the corresponding Fee Amount. Do this for each license for this location. If you have more license categories than the space allows, copy this table on to another page and enter the extra categories. Add the total from the extra page to the total from this page and write in the 'Total Amount Due' area. Staple the extra page to this document. The total amount due is your fee for all licenses for this location. All licenses for this location will expire on the same date.

PLEASE REFER TO THE TABLES ON BACK TO CALCULATE YOUR SALES AND FEES PER LICENSE

License Type	Uniform Registry No. (if issued by another State)	Category A-T	Fees \$\$\$.	\$\$

If you are using a uniform registry number from another state, you must send a current copy of the license from that state and two actual law labels. If you manufacture mattresses or mattress pads you will need to provide test results confirming compliance with federal flammability standards, Code of Federal Regulations (CFR) 1632 and (CFR) 1633 upon request.

(Sum all of the Fees listed here, and on extra pages, to get your total) **Total Amount Due: \$** _____

Responsible Party Name (s):	Contact Name: _____ Phone No: _____ e-mail: _____
Name & Physical Location Address of the Manufacturing Facility (if applicable), City, State, Zip, County or Country:	Billing/Mailing Address, City, State, Zip, County or Country:
Phone No: _____	Phone No: _____

If there is not enough space, list additional information on a separate paper and attach it to this document.
Complete and return to:

**Cash Receipts Branch – MC 2003
Texas Department of State Health Services
Bedding/Sleep Products Permit Program ZZ109-066
PO Box 149347
Austin, Texas, 78714-9347**

Applications take 2-4 weeks to process. Your company may not manufacture, distribute/wholesale, import or renovate until the license(s) are issued. Your license will be active for two years from the issue date. For questions please call 512 834-6600 ext. 2426.

THE ANSWERS GIVEN IN THIS APPLICATION ARE HEREBY DECLARED TO BE TRUE AND ARE IN COMPLIANCE WITH THE TEXAS BEDDING LAW, CHAPTER 345, HEALTH AND SAFETY CODE AND DSHS REGULATIONS IN TITLE 25 TAC §205.1-17.

(Signed) _____ (Title) _____ (Date) _____

Failure to return both this form and the proper fees or to provide all information required by law will delay registration.

Make checks or money orders payable to: DSHS Bedding/Sleep Products Program ZZ109-066”

NOTE: A separate license is required for each specific business activity.

LICENSE TYPE	DESCRIPTION	TABLE	CATEGORY
Manufacturer	Mattress and box spring manufacturer (all new materials)	Table I	A-G
Mattress Renovator	Renovator of mattresses and box springs for resale	Table I	A-G
Bedding Products Mfg	Bedding products (pillows, comforters, sleeper sofas, etc. from new materials)	Table II	H-P
Bedding Products Renovator	Renovator of bedding products for resale	Table II	H-P
Processor	Processor of filling materials used in bedding products	Table III	S
Importer	A business that sells or distributes in the state of Texas bedding or filling materials manufactured or processed outside the United States	Table II	H-P
Distributor	A business that sells or distributes in the state of Texas bedding or filling materials	Table II	H-P
Wholesaler	A business that sells or distributes outside the state of Texas bedding or filling materials	Table II	H-P
Arts & Crafts	A person who manufactures bedding articles (other than mattresses), has no paid employees, and produces less than 250 articles per year for sale in Texas	Table III	T

TABLE I LICENSE TYPES (2 Year Cycle)

TABLE II LICENSE TYPES (2 Year Cycle)

Mattress Manufacturers and Mattress Renovators			Bedding Products Manufacturer, Importer, Distributor, Wholesaler, Bedding Products Renovator		
Category	Number of Articles	License Fees \$\$\$	Category	Number of Articles	License Fees \$\$\$
A	0 to 1, 999	220.00	H	0 to 1, 999	220.00
B	2,000 to 9,999	330.00	I	2,000 to 9,999	275.00
C	10,000 to 19,999	440.00	J	10,000 to 19,999	330.00
D	20,000 to 29,999	660.00	K	20,000 to 29,999	440.00
E	30,000 to 49,999	880.00	L	30,000 to 49,999	550.00
F	50,000 to 100,000	1,320.00	M	50,000 to 99,999	770.00
G	OVER 100,000	\$1,320.00 plus \$.03 for each article over 100,000	N	100,000 to 200,000	1,320.00
			P	OVER 200,000	\$1,320.00 plus \$.01 for each article over 200,000

TABLE I and II: Fees are based on individual articles. Tables I and II listed above show a breakdown of the fee schedules. On the application you will estimate articles to be shipped into or within the state and pay that fee.

TABLE III

License Type	Category	Two Year Fees \$\$\$
Processor	S	110.00
Arts & Crafts	T	55.00

These categories do not require article counts.

Pay the amount shown for your category

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 information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

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