



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT**

For Office Use Only

Budget: ZZ104

Fund: 183

Remit #

**CERTIFICATE OF FREE SALE AND SANITATION OR
CERTIFICATE OF ORIGIN
(Texas Health and Safety Code, Chapters 431, 433, 435, 436, 440)
(Texas Administrative Code, Chapter 229)**

Return this completed application and non-refundable fee made payable to TEXAS DEPARTMENT OF STATE HEALTH SERVICES, P.O. BOX 12008, AUSTIN, TEXAS 78711. For additional assistance, phone (512) 834-6626 or visit our website at: <http://www.dshs.state.tx.us>.

1. FACILITY INFORMATION

COMPANY NAME: _____

PHYSICAL ADDRESS: _____
(Street) (City) (Zip)

ADDRESS TO BE MAILED TO: _____
(Street) (City) (Zip)

MAILED BY: () U.S. Mail () Courier (courier name and acct #) _____

NAME OF CONTACT PERSON: _____

TELEPHONE NO: _____ FAX NO: _____

EMAIL ADDRESS: _____

2. TYPE OF CERTIFICATE

INDICATE NUMBER OF CERTIFICATE(S) NEEDED:

_____ Certificate of Free Sale and Sanitation _____ Certificate of Origin

TYPE OF LICENSE – Please check the type of license(s) you currently possess. You must possess a current valid license for issuance of certificate(s) you are requesting. LICENSE # _____

- | | |
|---|---|
| <input type="checkbox"/> Food Manufacturer | <input type="checkbox"/> Food Distributor |
| <input type="checkbox"/> Molluscan Shellfish | <input type="checkbox"/> Crab Meat |
| <input type="checkbox"/> Device Manufacturer | <input type="checkbox"/> Device Distributor |
| <input type="checkbox"/> Drug Manufacturer | <input type="checkbox"/> Drug Distributor |
| <input type="checkbox"/> Frozen Desserts Manufacturer/Distributor | <input type="checkbox"/> Milk Processor/Distributor |

Cosmetics Manufacturer/Distributor – Cosmetic establishments are not required to be licensed by the department (see fee schedule on next page)

3. FEE SCHEDULE

_____ original certificate(s) x \$50.00 = \$ _____
 _____ product(s) x .10¢ per product = \$ _____
 _____ additional certificate(s) x \$1.00 per page = \$ _____
TOTAL \$ _____

FEE SCHEDULE FOR COSMETICS ONLY

This is for manufacturers/distributors of cosmetics ONLY who are not required to have a license with the Department. If you currently have another type of license with the department and also manufacture/distribute cosmetics please use the above fee schedule.

_____ original certificate(s) x \$50.00 = \$ _____
 _____ product(s) x .10¢ per product = \$ _____
 _____ additional certificate(s) x \$1.00 per page = \$ _____
1 inspection conducted by Department = \$ 328.00
TOTAL \$ _____

4. TYPE OF PRODUCTS - On the Product List table below please indicate the type of product(s) for which the certificate is to be issued. Use the following chart product(s) code

Product	Code
Food	F
Drugs	D
Cosmetics	C
Medical Devices	MD
Dietary Supplements	DS
Milk and Dairy Products	Milk

5. PRODUCT LIST - Please use the table below to list the product(s) for the certificate(s). If you have more products you may attach a separate page with those products. Wholesale distributing firms must include name of manufacturer of products. If submitting product list by email, please send as a MSWord or Excel attachment.

Product Name	Manufacturer	Size of Product	Product Code
i.e. Green Beans	Del Monte	12 oz	F

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. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 431, 433, 435, 436, AND/OR 440 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

 Signature

 Printed Name & Title

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

 Date