

REGULATORY LICENSING UNIT WAREHOUSE OPERATOR LICENSE APPLICATION

(Health and Safety Code, Chapter 431)

Return both the completed application and 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

	WAREHOUSE				
	BUDGET 2	ZZ104			
	FUND:	183			
:	LICENSE #:				

Nama Undar Which Dusings is	C							
Name Under Which Business is Conducted (DBA):								
Physical Address to be Licensed:								
City, County, State, Zip Code:								
Telephone # at address:								
FEE SCHEDU	LE FOR WAREHOUSE OPERATOR:							
The fee is based on the maximum amount	OR CHANGE OF OWNER ont of square feet dedicated to food stora	rege during the licensing period (biennial).						
SQ FT OF FOOD STORAGE		FEE						
$ \begin{array}{ccc} \square & 6,00 \\ \square & 24,00 \end{array} $	O sq ft - 6,000 sq ft I sq ft - 24,000 sq ft I sq ft - 75,000 sq ft I sq ft - 250,000 sq ft Or more	 - \$ 718.00 for each place of business - \$ 1,082.00 for each place of business - \$ 1,442.00 for each place of business 						
☐ LATE FEE - A person who files for ANY RETURNED CHECKS	renewal after the license expiration date S RECEIVED AFTER EXPIR. \$100.00 LATE FE	e must pay an additional \$100.00 ATION DATE WILL BE ASSESSED THE E						
HEREON, THAT I AM AUTHORIZED TO EXEC SIGNING THIS AS OWNER OF A SOLE PROPRI FAMILY CODE. IF SIGNING AS A SOLE P PURSUANT TO BUSINESS AND COMMERCE	CUTE THIS DOCUMENT ON BEHALF OF TH IETORSHIP, I AM NOT DELINQUENT IN THE ROPRIETOR, I CERTIFY I HAVE FILED TH CODE, CHAPTER 36. I FURTHER CERTIF	N IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE E CORPORATION AND AM ELIGIBLE TO RECEIVE A LICENSE. IF PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, IE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES Y THAT I HAVE READ AND UNDERSTAND CHAPTER 431 OF THE TIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.						
Signature Printed Name & Title	☐ OWNER ☐ PARTNER ☐ PRESIDENT ☐ CORPORATE DESIG	Date NEE / AGENT						

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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:]							
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 permi will be issued.							
□ Notice that firm is out of business. Date: □ Not required to license/permit Sign and date. Return for deletion from our records. □ Reason: □ Not required to license/permit							
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. tom.							
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 <u>MUST</u> 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 49th Street, Austin, Texas 78756.

LICENSE HOLDER INFORMATION: Complete the required ownership information.								
Legal name of company must b Accounts.	e identical to the name on your	r State Tax Payer's Ide	entification on file with the Tex	as Comptro	ller of Public			
Legal Name Tax Payer ID			· Charter #	Outlet #				
Mailing Address of Licensed Establishme	ent Cit	City and State			Zip			
* Has the applicant, li (I	censee, and/or managing office f yes, please attach a statement	of a felony or misdemeanor? ction.)	□Yes	□No				
*Residence address, driver's lic	ense number, and date of birth <u>INCLUDE A</u> CO	n are only required of PY OF YOUR DRI	drug, device, and/or certificate VER'S LICENSE	of authority	applicants			
□ SOLE OWNER / PROPI	RIETORSHIP							
Name	*Residence Address		*Drivers License Number		*Date of Birth			
□ PARTNERSHIP	\Box 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								
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	*R	esidence Address		Telephor	ne Number			

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