



**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](http://www.dshs.state.tx.us)

**WAREHOUSE**

BUDGET	ZZ104
FUND:	183
LICENSE #:	

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address: \_\_\_\_\_

**FEE SCHEDULE FOR WAREHOUSE OPERATORS INITIAL/RENEWAL LICENSE  
OR CHANGE OF OWNERSHIP**

The fee is based on the **maximum** amount of square feet dedicated to food storage during the licensing period (biennial).

SQ FT OF FOOD STORAGE	FEE
<input type="checkbox"/> 0 sq ft	- \$ 362.00 for each place of business
<input type="checkbox"/> 6,001sq ft	- \$ 718.00 for each place of business
<input type="checkbox"/> 24,001sq ft	- \$ 1,082.00 for each place of business
<input type="checkbox"/> 75,001sq ft	- \$ 1,442.00 for each place of business
<input type="checkbox"/> 250,001sq ft	- \$ 2,060.00 for each place of business
	Or more

**LATE FEE** - A person who files for renewal after the license 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	<input type="checkbox"/> OWNER	_____ Date
_____ Printed Name & Title	<input type="checkbox"/> PARTNER	
	<input type="checkbox"/> PRESIDENT	
	<input type="checkbox"/> CORPORATE DESIGNEE / AGENT	



**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 \_\_\_\_\_