



**REGULATORY LICENSING UNIT
PRODUCER DAIRY PERMIT APPLICATION
(Health and Safety Code, Chapter 435)**

Return the completed application to the
Texas Department of State Health Services, 1100 West 49th St, Mail Code 2003, Austin, Texas 78756-3182.
You may visit our website at: www.dshs.state.tx.us

M&D - Dairy

REGION:

BTU:

PERMIT#:

Requested License Type: New Amended Reactivate Old Number

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City _____ County _____ Zip Code _____

Telephone # at address: () _____

Type of Facility Applying For: PRODUCER DAIRY

FEE FOR PRODUCER DAIRY - \$200.00

(DO NOT MAIL PAYMENT – YOU WILL BE BILLED AT A LATER DATE)

Milk Co-Op Producer Dairy Belongs To: (Check only one)

- DFA – Southwest Region (1B) DFA Southeast Region (02) DFA – Panola County (Only) (04)
- Lone Star (79) ZIA (139) Select (26) Other: _____
(Name of Co-Op)

Type of Water System:

- Well Water City Water

If City Water, Name of Community Water System: _____

ANIMAL HEALTH AGREEMENT

Texas Animal Health Commission: Veterinary Services, Animal and Plant Health Service, USDA; Milk and Dairy Products Group, Texas Department of State Health Services. These three named Agencies are responsible for control and eradication of brucellosis, tuberculosis and other animal diseases as is required by Chapter 435, Texas Health and Safety Code and other State and Federal requirements. I agree to help and cooperate with my herd or cattle or goats in the Agencies' programs.

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, I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code, nor am I delinquent in the payment of any child support owed under Chapter 232, Family Code. I further certify that I have read and understood Chapter 435 of the Health & Safety Code, and the applicable provisions of 25 TAC, Chapter 217, and agree to abide by them.

Signature

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

Date

Printed Name & Title

Revised 10/13/06

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

Revised 02/01/06