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	TEXAS
	Department of
	State Health Services

REGULATORY LICENSING UNIT PRODUCER DAIRY PERMIT APPLICATION M&D - Dairy

REGION:

BTU:

(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: <u>www.dshs.state.tx.us</u> PERMIT#:

Requested License Type : □ New	□ Amended	Reactivate Old Number			
Name Under Which Business is Conducted (DBA):					
Physical Address to be Licensed:		<u> </u>			
City	County	Zip Code			
Telephone # at address: ()	5	1			
Type of Facility Applying For: PRODUCER DAIRY					
FEE FOR PRODUCER DAIRY - \$2	200.00				
(DO NOT MAIL PAYME	NT – YOU WILL BE BII	LLED AT A LATER DATE)			
Milk Co-Op Producer Dairy Belongs To	• (Chack only one)				
Wink Co-Op Froducer Daily Belongs To	• (Check only one)				
$\Box DFA - Southwest Region (1B) \Box DF$	A Southeast Region (02)	□ DFA – Panola County (Only) (04)			
□ Lone Star (79) □ ZIA (139)	\Box 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.					
	□ OWNER				
Signature	□ PARTNER □ PRESIDENT □ CORPORATE DESIGNEE	Date			
Printed Name & Title	L COM ORATE DESIGNEE				
Revised 10/13/06 BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM					
PAGE 1 OF 3					

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 Activi	ity:			
□ 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 [previou □ Change of Name [previous n □ Other: 	is location:] name:] in the location of a licensed place of busin	Enter the date the change was effective Date:		
Any minor amendment ind new application and fee as	cluding change of name or change listed on Page 1. The current exp	in the location of a licensed place of busin iration date remains in effect.	ess, requires submission of a		
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 permit will be issued.					
□ Notice that firm is out Sign and date. Return	of business. Date: for deletion from our records.		ired 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 OP	ERATION:	m. tom.			
WEBSITE/ INTERNET ADDRESS: http://www					
BILLING INFORMATIO	DN (The license and/or courtes	y renewal notice will be sent to the fol	lowing):		
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.

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM PAGE 2 OF 3

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 #					
	<u> </u>	1.00		7				
Mailing Address of Licensed Establishment		y and State	C C1 · 1 0	Zip				
* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? (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								
<u>Residence dudress, arwer s deense</u>	INCLUDE A CO	PY OF YOUR DRI	VER'S LICENSE	of autionity applicants				
SOLE OWNER / PROPRIETORSHIP								
Name	*Residence Address		*Drivers License Number	*Date of Birth				
PARTNERSHIP	□ LP		🗆 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	tion 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		Telephone Number				
				Revised 02/01/06				

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM PAGE 3 OF 3