

## REGULATORY LICENSING UNIT OUT-OF-STATE FROZEN DESSERT MANUFACTURER PERMIT APPLICATION

(Health and Safety Code, Chapter 440)

Return the completed application and **non-refundable** fee to the Texas Department of State Health Services, 1100 West 49<sup>th</sup> St, Austin, Texas 78756-3182.

You may visit our website at: <a href="www.dshs.state.tx.us">www.dshs.state.tx.us</a>

Plant Identification Code Issued b	y Regulatory Agency:	
Name Under Which Bus	iness is Conducted (DBA):	
Physical Address to be I	icensed:	
City	County	Zip Code
•	( )	•
for sale or distribution shall be as Subchapter E, § 217.91. This in monthly basis and a minimum pa	ties located beyond the legal boundaries of the State of Texas, whosessed an inspection fee of \$.015 per hundredweight as stated in 2 cludes all frozen desserts manufactured by frozen desserts manyment of \$5.00 is required. Permits will become void and produmonths on their monthly inspection fees.	5 Texas Administrative Code Chapter 217, sufacturing plants. Fees are assessed on a
<b>List of Products Distribut</b>	ed in Texas (attach an additional list if needed):	
Name(s), Address(es), Tel needed):	ephone Number(s) of distribution point(s) in Texa	s (attach an additional list if
authorized to execute this docum taxes owed the State of Texas und	firm that all information in this application is true and correct. If ent on behalf of the corporation, I am not currently delinquent in er Chapter 171, Tax Code, nor am I delinquent in the payment of at I have read and understood Chapter 440 of the Health & Safety abide by them.	n the payment of any corporation franchise any child support owed under Chapter 232,
	OWNER	
Signature	□ PARTNER	Date
Printed Name & Title	□ CORPORATE DESIGNEE / AGENT	

Revised 10/13/06

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.							
□ <b>New</b> - 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 permit 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							
<b>BILLING INFORMATION</b> (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 <a href="http://www.dshs.state.tx.us">http://www.dshs.state.tx.us</a> 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 49<sup>th</sup> Street, Austin, Texas 78756.

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 #	Outlet #		
Mailing Address of Licensed Establishme	nt City	City and State		Zip	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.)		□Yes	□No				
*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	□ <b>LP</b>	$\Box$ 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	*R6	esidence Address		Telephor	ne Number		

Revised 02/01/06