

REGULATORY LICENSING UNIT MILK TANK TRUCK PERMIT APPLICATION

(Health and Safety Code, Chapter 435)

Return the completed application and **non-refundable** fee to the Texas Department of State Health Services, PO Box 149347, Mail Code 2003, Austin, Texas 78714-9347. You may visit our website at: www.dshs.state.tx.us/fdlicense

M&D - Tanker

BUDGET: ZZ107 - 114

CO-OP#:

Name Under Which Business is	Conducted (DBA)	i <u> </u>						
Location Address: Street		ar.	~					
Street		City	County	State	Zıp			
Mailing Address: Address		City	State	e Zi	p Code			
Telephone # at Location Address	ss:()							
Contact Person at Location Add	lress:							
Mailing preference of permit sticker: (permit stickers will only be mailed by Courier with complete name and number of Courier service)								
□ US Mail □ Courier Name:								
If you own more than one milk tank to each milk tank truck:	ruck, a separate appli	ication is required f	or each truck. Incl	ude the follow	ing information for			
Vehicle Identification Number:		U	nit Number:					
Address Where Truck is Based:	A 11		· · ·	Ct-t-	7:- 0-1-			
	Address	<u> </u>	ity	State	Zip Code			
NON-REFUNDABLE FEE SCHEDULE Permit fees are determined by inspection date of the milk tank truck. Use the below dates to determine the correct fee. NOTE: Application, inspection sheet, and fee must be received by this officer prior to issuance of permit stickers.								
□ September 1 thru F □ March 1 thru Augu								
VERIFICATION: I swear or affirm hereon that I am authorized to execute any corporation franchise taxes owed child support owed under Chapter 232 Safety Code, and the applicable prov	that all information this document on be the State of Texas un 2, Family Code. I fur isions of 25 TAC, C	n in this application ehalf of the corpora nder Chapter 171, T ther certify that I ha Chapter 217, and ag	n is true and corre tion, I am not curre Fax Code, nor am I ave read and unders ree to abide by the	ct. I further cently delinquent delinquent in stood Chapter 2	ertify by signature at in the payment of the payment of any 435 of the Health &			
Signature Printed Name & Title	□ OWN □ PART □ PRES □ CORI	ΓNER	Date EE / AGENT	e				

LICENSE HOLDER INFORMATION: Complete the required ownership information.							
Legal name of company must be Accounts.	e identical to the name on your	State Tax Payer's Ide	entification on file with the Texa	as Comptroller of Public			
Legal Name		Tax Payer ID # or	Outlet#				
Mailing Address of Licensed Establishm	ent City	and State		Zip			
* Has the applicant, l	□ Yes □ No						
*Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants <u>INCLUDE A COPY OF YOUR DRIVER'S LICENSE</u>							
□ SOLE OWNER / PROP	RIETORSHIP						
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	*D.	esidence Address		Telephone Number			

Revised 02/01/06