

M&D - PROCESSOR **Out-of-State**

REGULATORY LICENSING UNIT OUT-OF-STATE MILK OR DAIRY PRODUCTS PROCESSOR PERMIT APPLICATION

(Health and Safety Code, Chapter 435)

Return the completed application and **non-refundable** fee 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

Plant Identification Code Issued by Regulatory Agency:

Name Under Which Business is Conducted (DBA):

Physical Address to be Licensed:

City

Telephone # at address: ()

TYPE OF FACILITY:

Milk or Dairy Products Processor

State

INSPECTION FEES: Facilities located beyond the legal boundaries of the State of Texas, which export products into the State of Texas for sale or distribution shall be assessed an inspection fee of \$.045 per hundredweight as stated in 25 Texas Administrative Code Chapter 217, Subchapter E, § 217.91. This includes all milk or dairy products processed, manufactured, or bottled by milk or dairy products manufacturing plants. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required. Permits will become void and products may be suspended for sale in Texas for facilities delinquent more than 3 months on their monthly inspection fees.

List of Products Distributed in Texas (attach an additional list if needed):

Name(s), Address(es), Telephone Number(s) of distribution point(s) in Texas (attach an additional list if needed):

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.

	\Box OWNER	
Signature	□ PARTNER □ PRESIDENT □ CORPORT TE DESIGNEE (A CENT	Date
	□ CORPORATE DESIGNEE / AGENT	
Printed Name & Title		

Revised 10/13/06

BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM PAGE 1 OF 3

Zip Code

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: 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:]	Enter the date the change was effective Date:			
Other: Date: Date:Date:Date:						
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 INFORMATION (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 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.)								
*Providence address driver's licence number and date of birth are only required of drive device, and/or certificate of with site and is not								
<u>*Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants</u> <u>INCLUDE A COPY OF YOUR DRIVER'S LICENSE</u>								
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			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				

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