

M&D – Retail Raw

REGULATORY LICENSING UNIT RETAIL RAW DAIRY PERMIT APPLICATION (Health and Safety Code, Chapter 435)

BUDGET: ZZ107

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/fdlicense

PERMIT#:

Г							
Requested License Type:	□ New		ended \square	Reactivate Old Number			
Name Under Which Business is Conducted (DBA):							
Physical Address to be Lie	censed:						
City		County		Zip Code			
Telephone # at address:	()						
RETAIL RAW DAIRY - \$800.00							
(DO NOT MAIL PAYMENT – YOU WILL BE BILLED AT A LATER DATE) NON-REFUNDABLE FEE							
				fee of \$.045 as stated in 25 Texas Administrative Code			
Chapter 217, Subchapter E, § 217.91. Fees are assessed on a monthly basis and a minimum payment of \$5.00 is required. If a plant has no production and still maintains an active permit in the State of Texas, the facility will still be required to pay the minimum fee. Facilities shall submit monthly production data to							
the department no later than 15 days after the end of each monthly reporting period, accompanied by the required fee. The department may revoke a permit							
issued under Health and Safety Code 435, if the permit holder is delinquent in the remittance of the inspection fee. SELLING OF RAW MILK TO THE CONSUMER: Raw milk may be sold by the milk producer directly to the consumer ONLY at the							
point of production, i.e. at the farm	provided that such	producer has be	en issued a Grade A R	aw for Retail Milk Permit in accordance with 25			
A Raw for Retail Milk.	7, Subchapter E, § 21	7.91 (relating to F	ermits), and complies	with all sections of Chapter 217 relating to Grade			
PRODUCTS SOLD AT FACILITY LISTED ABOVE: (Check all that apply)							
			·				
	id Cream	□ Yogurt	□ Cottage Chees	e 🗆 Cheese			
\Box Raw Milk \Box But	ter	\Box Other:					
Does your facility maintain a Food Manufacturer's License?							
Does your facility maintain a Food Manufacturer's License?			License #				
Type of Water System:	Well Water	□ City Water	If yes, Name of Co	mmunity Water System:			
		ANIMAL HEALT	H 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		Date			
			E DESIGNEE / AGE	NT			
Printed Name & Title Revised 02/14/07							
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: 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:				
Conter: 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.)									
*Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants									
<u>*Residence dadress, ariver's license number, and date of birth are only required of arug, device, and/or certificate of authority applicants</u> INCLUDE A COPY OF YOUR DRIVER'S LICENSE									
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					

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