



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 REGULATORY LICENSING UNIT
 APPLICATION FOR OPERATORS RENDERING LICENSE
 (Health and Safety Code, Chapter 144)

BUDGET: ZZ108
 FUND: 101

Return both the completed application and non-refundable fee to:
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES, P.O. Box 149347, Mail Code 2003,
 Austin, Texas 78714-9347

TWO YEAR FEE

You may visit our web-site at www.dshs.state.tx.us/bfds

TRLA#

Requested License Type: New Renewal Amended Decals Only

TRLA#: _____
 Name Under Which Business is Conducted (DBA): _____
 Physical Address to be Licensed: _____
 City, County, State, Zip Code: _____
 Telephone # at address: _____

Rendering Establishment License - The fee is based on **Gross Annual Sales** for **ALL** products produced by the licensed Rendering Establishment.

	CHECK ONE	GROSS ANNUAL SALES		FEE
<input type="radio"/> RENDERING ESTABLISHMENT	<input type="radio"/>	\$ 0.00	- \$ 100,000.00	\$ 700.00
	<input type="radio"/>	\$ 100,000.01	- \$ 200,000.00	\$ 1,000.00
	<input type="radio"/>	\$ 200,000.01	- \$ 500,000.00	\$ 1,500.00
	<input type="radio"/>	\$ 500,000.01	- \$ 1,000,000.00	\$ 2,000.00
	<input type="radio"/>	\$ 1,000,000.01	OR MORE	\$ 3,000.00

Related Station and/or Transfer Station License (CHECK ONLY ONE)	FEE
<input type="radio"/> RELATED STATION	\$ 800.00
<input type="radio"/> TRANSFER STATION	\$ 800.00

Hauler License	TYPE OF HAULER (CHECK ONLY One)	FEE
<input type="radio"/> HAULER	<input type="radio"/> RENDERABLE RAW MATERIAL	\$ 500.00
	<input type="radio"/> DEAD ANIMAL	\$ 500.00
	<input type="radio"/> COMBINATION RENDERABLE RAW MATERIAL AND DEAD ANIMALS	\$ 500.00

VEHICLE PERMIT DECAL

VEHICLE PERMIT DECAL \$ 50.00 FOR EACH VEHICLE DECAL

TOTAL NUMBER OF VEHICLE DECALS ORDERED _____ X \$50.00 = _____
Total Dollar Amount for Vehicle Decals

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, EACH VEHICLE OPERATED BY THE ESTABLISHMENT IS IN COMPLIANCE WITH APPLICABLE REQUIREMENTS OF THE TEXAS DEPARTMENT OF PUBLIC SAFETY AND TEXAS DEPARTMENT OF TRANSPORTATION; 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 431 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 221, AND AGREE TO ABIDE BY THEM.

Signature _____
 Printed Name & Title _____

OWNER
 PARTNER
 PRESIDENT
 CORPORATE DESIGNEE/AGENT

DATE _____

Revised 02/01/06

ADDITIONAL INFORMATION: You may only apply for (1) one type of rendering business license with this application. If you need another application please call 512-834-6626.

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 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: _____]
 Change of Name [previous name: _____] } Enter the date the change was effective
 Other: _____ Date: _____

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: _____
Sign and date. Return for deletion from our records.

Not required to license/permit
Reason: _____

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. to _____ m.

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 MUST 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 # _____

Mailing Address of Licensed Establishment _____ City and State _____ Zip _____

* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? Yes No
(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*
INCLUDE A COPY OF YOUR DRIVER'S LICENSE

SOLE OWNER / PROPRIETORSHIP

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 _____ *Residence Address _____ Telephone Number _____

PLEASE PROVIDE A PHOTOCOPY OF LIABILITY INSURANCE CARD FOR EACH VEHICLE

A DECAL WILL NOT BE ISSUED WITHOUT VERIFICATION OF INSURANCE

<p>YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____</p> <p>VIN #: _____ GROSS WEIGHT LIMITATION _____</p> <p>PLEASE CHECK TYPE: <input type="radio"/> TRUCK <input type="radio"/> TRAILER</p>	
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