

## **REGULATORY LICENSING UNIT** SALVAGE ESTABLISHMENT/SALVAGE BROKER

LICENSE APPLICATION

Return both the completed application and non-refundable fee made payable to the TEXAS DEPARTMENT OF STATE HEALTH SERVICES in the envelope provided or mail to: Texas Department of State Health Services, PO Box 12008, Austin, Texas 78711. You may visit our website at: www.dshs.state.tx.us

## **SALVAGE**

BUDGET: ZZ104 FUND: 159

LICENSE #:

Name	e Under W	hich Business is Cond	ucted (DBA):			
Physi	ical Addre	ss to be Licensed:				
City,	City, County, State*, Zip Code:					
-	-	_				
				ntact name and phone nu		
Address(s) of S	salvage War	ehouse(s) used by the Sa	lvage Establishment/ Bro	ker:		
Type of Opera	ition:	0	Salvage Establishmen	t	Salvage Broker	
Type of Salvag	ge: Check a	ll that apply:				
☐ Device (Preso ☐ Class I	cription)	Device (OTC) Class II	🛘 Food	Drug (Prescription)	Drug (OTC)	☐ Cosmetic
		tablishment or Salvage B	MINOR AM sroker that engages in the	IENDMENT	SALVAGE BROKED selling, distributing, or otherwordrugs.	
	Salvage	e License Fee:	\$ 600.00			
0	This fee A non-e	ection Fee: is only if the license for you xempt salvage establishment submit the reinspection fee.	\$ 600.00 r firm has been denied, suspe t/ broker requesting a reinsta	ended, or revoked. Attendent of a license that has been	en denied, suspended, or revoked,	
Late Fee - A p	person who fil	les a renewal application after CKS RECEIVED AFTER	er the expiration date must particle EXPIRATION DATE WII	ay an additional \$100.00. LL BE ASSESSED THE \$100	0.00 LATE FEE.	
EXEMPTIO	N FROM I	LICENSURE FEES: A 1			under Chapter 432 if the pers	on is a nonprofit
		C. Section 501(c)(3).	AIFODMATION IN THIS A	DDI ICATION IS TRUE AND	CORRECT. I FURTHER CERTI	EV DV CICNIATUDE
HEREON, THAT IF SIGNING TH CHAPTER 232, COUNTIES PUR	T I AM AUT HIS AS OWN FAMILY CO RSUANT TO	HORIZED TO EXECUTE T NER OF A SOLE PROPRI DDE. IF SIGNING AS A S BUSINESS AND COMME	THIS DOCUMENT ON BE IETORSHIP, I AM NOT D SOLE PROPRIETOR, I CER IRCE CODE, CHAPTER 36	HALF OF THE CORPORATION DELINQUENT IN THE PAYM RTIFY I HAVE FILED THE A I FURTHER CERTIFY TH	CORRECT: I FURTHER CERTI ON AND AM ELIGIBLE TO RE MENT OF ANY CHILD SUPPO SSUMED NAME CERTIFICAT AT I HAVE READ AND UNDE /E CODE, CHAPTER 229, AND	ECEIVE A LICENSE. DRT OWED UNDER E IN APPROPRIATE RSTAND CHAPTER
Signature					Date ENT	
Printed Name & Tit	tle					

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 Acti	ivity:			
	Change of owners	ship (inclu	ncluding legal entity) [previous change of legal entity) recomes the new anniversary date	ous owner: quires submission of a new app.	Effect lication and fee a	tive Date:as listed on Page 1. The	;
	☐ Amended	-	Other:	ous location: name:	•	Enter the date the ch was effective Date:	
				ge in the location of a licensed paration date remains in effect		, requires submission of	i a
	☐ Renewal	-		anniversary date. Failure to squency fee for each location			
			business. Date:		_	l to license/permit	
			r deletion from our records.	N CHARGE AT PHYSIC	Reason:	100	
	turing, assembling,	testing, pi	ocessing, packing, holding or	distribution in any room used labeling of drugs and/or device the of birth are only required	s from any perso	nal residence.	_
Name & T	itle		*Residence Address	*Driver=s License Num	ber	*Date of Birth	
BUSIN	ESS HOURS	OF OPE	RATION:	m. to	m.		
WEBS	ITE/ INTERN	ET ADD	ORESS: http://www				
BILL	ING INFORM	IATIO	(The license/permit and/o	or courtesy renewal notice w	rill be sent to th	e following):	
Billing Name:							
Billing Address:							•
City, State, Zipcode:							
Name of Application Preparer (Contact Person):							
Telepho	one Number of Ap _	pplication	Preparer (Contact Person):				
Fax Nu	mber of Applicati	ion Prepar	rer (Contact Person):				
E-mail	Address of Applic	cation Pre	parer:				

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/PERMIT 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/PERMIT HOI	DER INFORMATIO	N: Complete the req	quired ownership information.	
Legal name of company must be Accounts.	identical to the name on you	r State Tax Payer=s I	dentification on file with the Te	xas Comptroller of Public
Legal Name	Tax Payer ID # or Charter #			Outlet #
Mailing Address of Licensed Establishmen	nt Ci	ty and State		Zip
	ensee, and/or managing offic yes, please attach a statemen			🛮 Yes 🗘 No
*Residence address, dri	ver =s license number, an INCLUDE A CO	nd date of birth are PY OF YOUR DRI	required of drug and/or dev VER'S LICENSE	ice applicants ONLY.
SOLE OWNER / PROPR	IETORSHIP			
Name	*Residence Address		*Drivers License Number	*Date of Birth
PARTNERSHIP	□ LP	<pre>LLP</pre>	O LTD	
Name of Partnership			Effecti	ive Date of Partnership
Name	*Residence Address		*Drivers License Number	*Date of Birth

Name \*Residence Address \*Drivers License Number \*Date of Birth \*Date of Birth Name \*Residence Address \*Drivers License Number **CORPORATION** Name of Corporation Date and Place of Incorporation President=s Name \*Residence Address \*Drivers License Number \*Date of Birth

\*Residence Address

\*Residence Address

\*Residence Address

\*Residence Address

Name

Name

ASSOCIATION

Officer=s Name

Officer=s Name

Name of Registered Agent

\*Date of Birth

\*Date of Birth

Telephone Number

\*Date of Birth

\*Date of Birth

\*Drivers License Number

\*Drivers License Number

\*Drivers License Number

\*Drivers License Number

\*Residence Address