

Texas Department of State Health Services
Regulatory Licensing Unit - Facility Licensing Group
Delivery Code 2835
PO Box 149347, MC 2003 (512) 834-6646
Austin, Texas 78714-9347 (512) 834-4514 FAX

DEPT. ID ZZ101/FUND 168



Application for a License to Operate An Ambulatory Surgical Center

Department Use Only

License #:
Remittance Number:
Remittance Date:
Remittance Amount:

- Initial
 Change of Ownership – Effective Date: _____
 Relocation (Treated as an Initial) – Date the facility will open: _____
Previous address: _____

1. Facility Information

a. Name the facility will be doing business as (d.b.a.):

b. Street Address: _____
Street Number

City/State/Zip County

c. Mailing Address: _____
(If different) Street or P.O. Box Number

City/State/Zip

d. Telephone Number (include area code) Fax Number (include area code)
() _____ () _____

2. Owner:

a. Name & Address of Owner:

Name SS# or Tax ID Number

Mailing Address City/State/Zip

b. Type of Ownership: Profit Non-Profit

- Individual Corporation Partnership
 Limited Liability Company Hospital/Hospital District State of Texas
 Local Government Type (e.g., city, county): _____ Other (Specify): _____

c. Name of Center Administrator: _____

MAIL LICENSE FEE AND COMPLETED APPLICATION TO:

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT - FACILITY LICENSING GROUP
(DEPT ID ZZ101 – FUND 168)
DELIVERY CODE 2835
P.O. BOX 149347, MC 2003
AUSTIN, TEXAS 78714-9347
PHONE 512-834-6646
FAX 512-834-4514**

PRIVACY NOTIFICATION/NOTIFICACION SOBRE PRIVACIDAD

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, 559.003, and 559.004)

Tan solo por unas cuantas excepciones, usted tiene el derecho de solicitar y de ser informado sobre la informacion que el Estado de Texas reune sobre usted. A usted se le debe conceder el derecho de recibir y revisar la informacion al requerirla. Usted tambien tiene el derecho de pedir que la agencia estatal corrija cualquier informacion que se ha determinado sea incorrecta. Dirijase a <http://www.dshs.state.tx.us> Para mass informacion sobre la Notificacion sobre privacidad. (Referencia: *Government Code*, seccion 552.021, 522.023, 559.003 y 559.004)