



CRABMEAT 2701

BUSINESS FILING AND VERIFICATION SECTION CRABMEAT PROCESSING FACILITY APPLICATION (Health and Safety Code, Chapter 436)

Return the completed application to: Texas Department of State Health Services Foods Licensing Group MC 2835 PO Box 149347, Austin, Texas 78714-9347 You may contact our office at: (512) 834-6626

Departmental Use Only

TX #: _____ Date: _____ Inspector: _____ Approval: _____

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

TYPE OF LICENSE (check one): [] Picker / Packer [] Picker / Packer / Pasteurizer

WATER SUPPLY (check one): [] Public [] Private

SEWAGE DISPOSAL (check one): [] Public [] Private

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 AND AM ELIGIBLE TO RECEIVE A LICENSE. IF SIGNING THIS AS OWNER OF A SOLE PROPRIETORSHIP, I AM NOT DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. IF SIGNING AS A SOLE PROPRIETOR, I CERTIFY I HAVE FILED THE ASSUMED NAME CERTIFICATE IN APPROPRIATE COUNTIES PURSUANT TO BUSINESS AND COMMERCE CODE, CHAPTER 36. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND CHAPTER 436 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 229 AND 241, AND AGREE TO ABIDE BY THEM.

Signature _____ Date _____ Printed Name & Title _____ [] OWNER [] PARTNER [] PRESIDENT [] CORPORATE DESIGNEE / AGENT

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

Please Note: Initial licenses will be valid from March 1 through the last day of February each year, or part thereof.

New (Initial) - 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.

Amended Change of Location [previous location: _____] } Enter the date the
 Change of Name [previous name: _____] } change was
 Other: _____ } effective
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.

Renewal

Notice that firm is out of business. Date: _____
Sign and date. Return for deletion from our records.

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title _____ Residence Address _____

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www. _____

MAILING INFORMATION (The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: _____

Mailing Address: _____

City, State, Zip Code: _____

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: _____

REVISED 10/27/17

A CERTIFICATE CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE

Please allow 4-6 weeks for processing

Visit our website at: www.dshs.texas.gov

Please send **correspondence and questions** to:

Texas Department of State Health Services
BF&VS, Foods Licensing Group, MC 2835
P.O. Box 149347
Austin, Texas 78714-9347

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Also your 9 digit Federal Employee Identification Number (EIN).

Tax Payer #

EIN #

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Complete the one box on this page or the next that relates to the type of ownership of your business.

Sole Owner / Proprietorship **501c3 Tax Exempt**

Name of Sole Owner: _____

Residence Address

Driver's License

Partnership **LP** **LLP** **LTD**

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Partner Name: _____
Residence Address Driver's License

Partner Name: _____
Residence Address Driver's License

Partner Name: _____
Residence Address Driver's License

REVISED 10/27/17

