



Recert Program - 2102

BUDGET: ZZ106

FUND: 126

LICENSE #:

CERTIFIED FOOD MANAGER PROGRAM
INITIAL / RENEWAL RECERTIFICATION LICENSE APPLICATION

(Health and Safety Code (HSC), Chapter 438, Subchapter D)

Return both the completed application and **non-refundable fee** made payable to:
 Texas Department of State Health Services,
 P. O. Box 149347, Mail Code 2003, Austin, Texas 78714-9347.

You may visit our website at: <http://www.dshs.state.tx.us/fdlicense/apps.shtm>

ALLOW 4-6 WEEKS PROCESSING TIME

Please note that this application is for a RECERTIFICATION PROGRAM. A separate application package is required for a Certification Program or a Test Site. For information please call (512) 834-6727.

Name of Business Applying to Operate Program: _____

Name of Business Owner (Licensee of Program): _____

Physical Address of Program: _____

City, State, Zip Code: _____ County: _____

Mailing Address (if different from Physical Address): _____

Telephone # at Physical Address: _____ Program's Fax #: _____

Program's Email Address: _____

Program's Website (URL): _____

INITIAL / RENEWAL LICENSE FEE

Please check the appropriate box:

Licensing Fee - \$600.00

Late Fee - \$100.00

Late fees are assessed to any licensee who files for renewal after the license expiration date, or any returned check received after the expiration date.

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 I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE. 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 UNDERSTOOD CHAPTER 438 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

 Signature of Program Licensee

 Date

 Printed Name & Title

PURPOSE OF THIS APPLICATION: Check Appropriate Box

- New:**
- Renewal:** Renewals are valid for two years 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.
- Amended:*** Effective Date: _____
 Change of Location Change of Name Other: _____
- Change of Ownership:*** Effective Date: _____
Previous Business Name and License #: _____
- Out of Business:** Effective Date: _____ (I choose not to renew my Certification License)

*A completed application must be submitted with appropriate fees prior to a change of license ownership, site location, or change of name. The effective date of change becomes the new anniversary date.

PROGRAM INFORMATION: Check All That Apply

- Program:** Public Program Private Program
- Language:** English Spanish Other (please specify): _____
- Method:** Classroom CD Other (please specify): _____
- Schedule:** A schedule of training may be requested for program audit purposes.

EXAMINATION: *Only Department Approved Examinations may be utilized.*

- National (please specify): _____

INSTRUCTORS: List the name of each New & Renewal Instructor(s) who will teach for the program. Attach a completed Instructor or Instructor Renewal Application for each instructor listed below.

<u>Instructor Name *</u>	<u>New</u>	<u>Renew</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

- Please submit a list of any additional instructor names along with their Instructor Application.

The following documents MUST be submitted with this application and licensing fee:

Initial Application: Instructor Application(s) Program Curriculum (14 hr)

Renewal Application: Instructor Application(s) new & renewals

Instructor and Instructor Renewal Applications, may be downloaded from the CFM website at:

www.dshs.state.tx.us/foodestablishments/cfm.shtm

**ALLOW 4-6 WEEKS PROCESSING TIME
FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY ACCREDITATION**

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 _____

SOLE OWNER / PROPRIETORSHIP

Name _____

PARTNERSHIP **LP** **LLP** **LTD**

Name of Partnership _____ Effective Date of Partnership _____

Name _____

Name _____

Name _____

UNIVERSITY / COLLEGE **COUNTY / DEPARTMENT**

Name _____

CORPORATION **LLC**

Name of Corporation _____ Date and Place of Incorporation _____

President's Name _____

Officer's Name _____

Officer's Name _____

Name of Registered Agent _____ Telephone Number _____