



**Test Site – 2103**

BUDGET: ZZ106  
 FUND: 073  
 LICENSE#

**CERTIFIED FOOD MANAGER PROGRAM  
 INITIAL / RENEWAL  
 TEST SITE LICENSE APPLICATION**

**(Health and Safety Code (HSC), Chapter 438, Subchapter G)**

Return both the completed application and **non-refundable fee** made payable to:  
 Texas Department of State Health Services, RLU, Food and Drug Licensing-MC2003,  
 PO. Box 149347, 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 TEST SITE. A separate application package is required for Certification and Recertification Programs. Applications may be downloaded at: <http://www.dshs.state.tx.us/fdlicense/apps.shtm>, or contact this office at (512) 834-6727.

Name of Business Applying to Operate Test Site: \_\_\_\_\_  
 Name of Business Owner (Licensee of Test Site): \_\_\_\_\_  
 Physical Address of Test Site: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address (if different from Physical Address): \_\_\_\_\_  
 Telephone # at physical address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Test Site Email Address: \_\_\_\_\_  
 Test Site Website (URL): \_\_\_\_\_

**INITIAL / RENEWAL LICENSE**

Please check the appropriate box:

- ONE SITE: \$400.00     2 – 10 SITES: \$1000.00     OVER 10 SITES: \$2,000.00  
 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 Test Site 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 Test Site 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.

**TEST SITE INFORMATION:**     Public     Private

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

Online     National (please specify): \_\_\_\_\_

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



Department of State Health Services

**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 \_\_\_\_\_

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM**