





**LICENSE HOLDER INFORMATION:** Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

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**\*\*Please Note: For ONLY Drug, Device, and/or Certificate of Authority Applications:**

\* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor?  Yes  No  
(If yes, please attach a statement explaining the conviction.)

\* Please include a copy of Driver's License with application.

\* Applicants are required to fill in residence address, driver's license number, and date of birth below.

**SOLE OWNER / PROPRIETORSHIP**

Name of Sole Owner: \_\_\_\_\_  
Residence Address DLN DOB

**Partnership**  LP  LLP  LTD Effective Date of Partnership \_\_\_\_\_

Name of Partnership: \_\_\_\_\_

Partnership Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

\* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

**Association**  **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

\* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

Name: \_\_\_\_\_  
Residence Address DLN DOB

Name: \_\_\_\_\_  
Residence Address DLN DOB

**Corporation**  **LLC** Date and Place of Incorporation: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

\*Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

President Name: \_\_\_\_\_  
Residence Address DLN DOB

Officer's Name: \_\_\_\_\_  
Residence Address DLN DOB

Officer's Name: \_\_\_\_\_  
Residence Address DLN DOB

Name of Registered Agent: \_\_\_\_\_  
Residence Address DLN DOB