



**REGULATORY LICENSING UNIT  
MULTIPLE PRODUCT NONPRESCRIPTION DRUG**

**MULTIPLE-OTC  
2504**

**Initial / Renewal License Application**

(Health and Safety Code, Chapter 431)

Return both the completed application, and non-refundable fee made payable to:  
Texas Department of State Health Services, RLU, Food & Drug Licensing,  
P.O. Box 12008, Austin, Texas 78711  
For assistance in completing this application call (512) 834-6727

BUDGET: ZZ105  
FUND: 183  
LICENSE #

If you are a manufacturer of any food, drug, or device product; or a wholesale distributor of prescription drugs, including compressed medical gases, contact this office at (512) 834-6727 for the correct application.

Name Under Which Business is Conducted (DBA): \_\_\_\_\_

Physical Address to be Licensed: \_\_\_\_\_

City, County, State, Zip Code: \_\_\_\_\_

Telephone # at address:( \_\_\_\_\_ ) \_\_\_\_\_

**PRODUCTS DISTRIBUTED:** Mark all boxes that apply. **You must check two or more types of products in order to complete this application. If you do not check two or more boxes contact our office at the number above.**

- Food
- Nonprescription Drugs (Check all that apply)     Human     Veterinary
- Devices (Check all that apply)     Prescription     Nonprescription

**PRIMARY ACTIVITY (highest gross annual sales - check ONE only):**

- Food                       Nonprescription Drugs                       Devices

**FEE SCHEDULE FOR DISTRIBUTORS OF MULTIPLE PRODUCTS**

License fee is based on **COMBINED** gross annual sales of food, drugs, and/or devices at each licensed place of business. The provisions regarding the sale of food, drugs, and/or devices shall be considered to include the offering, possessing, and holding of any such article for sale, and the sale, dispensing, and giving of any such article, and the supplying or applying of any such articles in the conduct of any food, drug, and/or device place of business.

COMBINED GROSS ANNUAL SALES				FEE FOR INITIAL/RENEWAL LICENSE OR CHANGE OF OWNERSHIP		
<input type="checkbox"/> LV1	\$	0.00	-	\$	199,999.99	= \$ 520.00 for each place of business
<input type="checkbox"/> LV2	\$	200,000.00	-	\$	499,999.99	= \$ 780.00 for each place of business
<input type="checkbox"/> LV3	\$	500,000.00	-	\$	999,999.99	= \$ 1,040.00 for each place of business
<input type="checkbox"/> LV4	\$	1,000,000.00	-	\$	9,999,999.99	= \$ 1,300.00 for each place of business
<input type="checkbox"/> LV5	\$	10,000,000.00	-	\$	or more	= \$ 1,950.00 for each place of business

**Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$100.00.

**ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.**

**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 431 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

<b>Print Name:</b>	<b>Title:</b> <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Designee / Agent
<b>sign here</b>	<b>Date:</b>



**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

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