



**REGULATORY LICENSING UNIT  
SALVAGE ESTABLISHMENT / SALVAGE BROKER**

**SALVAGE  
2405**

**Minor Amendment License Application**

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: <b>ZZ104</b>
FUND: <b>159</b>
LICENSE #

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

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

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

Telephone # at address: \_\_\_\_\_

\* If located outside the state of Texas, provide Regulatory Agency contact name and phone number in your state: \_\_\_\_\_

Address(s) of Salvage Warehouse(s) used by the Salvage Establishment/ Broker: \_\_\_\_\_

**Type of Operation:**             **Salvage Establishment**                             **Salvage Broker**

**Primary Activity: (Is Determined by highest gross annual sales)**

**Check Only ONE :**             Food             Nonprescription Drugs             Devices             Prescription Drugs

**Type of Salvage:** Check all that apply: Contact our office at (512) 834-6727 if you checked Prescription Drugs. Submission of attachments A and B are required to complete the application process.

Device (Prescription)     Device (OTC)                             Food                             Drug (Prescription)                             Drug (OTC)                             Cosmetic

**FEE SCHEDULE FOR SALVAGE ESTABLISHMENT OR SALVAGE BROKER**  
**MINOR AMENDMENT**

Salvage Establishment or Salvage Broker that engages in the business of reconditioning, selling, distributing, or otherwise trafficking in distressed or salvaged device, food, cosmetic, and/or drugs.

Salvage License Fee:                            \$ 600.00

Reinspection Fee:                            \$ 600.00  
**This fee is only if the license for your firm has been denied, suspended, or revoked.**  
**A non-exempt salvage establishment/ broker requesting a reinstatement of a license that has been denied, suspended, or revoked, must resubmit the reinspection fee.**

**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.**

**EXEMPTION FROM LICENSURE FEES:** A person must license but is exempt from fees imposed under Chapter 432 if the person is a nonprofit organization under 26 U.S.C. Section 501(c)(3).

**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
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<b>sign here</b>	<b>Date:</b>
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**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