



TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
 REGULATORY LICENSING UNIT  
 APPLICATION FOR OPERATORS RENDERING LICENSE  
 (Health and Safety Code, Chapter 144)

**Return both the completed application and non-refundable fee to:**  
 TEXAS DEPARTMENT OF STATE HEALTH SERVICES, RLU-Food and Drug MC-2300,  
 P.O. Box 149347, Austin, Texas 78714-9347  
 For Assistance Call: 512-834-6727

BUDGET: ZZ108  
 FUND: 101

**TWO YEAR FEE**

**TRLA#**

Requested License Type:     New             Renewal             Amended             Decals Only

TRLA#: \_\_\_\_\_

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

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

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

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

**Rendering Establishment License** - The fee is based on **Gross Annual Sales** for **ALL** products produced by the licensed Rendering Establishment.

	CHECK ONE	GROSS ANNUAL SALES	FEE
<input type="radio"/> RENDERING ESTABLISHMENT	<input type="radio"/>	\$ 0.00 - \$ 100,000.00	\$ 700.00
	<input type="radio"/>	\$ 100,000.01 - \$ 200,000.00	\$ 1,000.00
	<input type="radio"/>	\$ 200,000.01 - \$ 500,000.00	\$ 1,500.00
	<input type="radio"/>	\$ 500,000.01 - \$ 1,000,000.00	\$ 2,000.00
	<input type="radio"/>	\$ 1,000,000.01 OR MORE	\$ 3,000.00

Related Station and/or Transfer Station License (CHECK ONLY ONE)	FEE
<input type="radio"/> RELATED STATION	\$ 800.00
<input type="radio"/> TRANSFER STATION	\$ 800.00

Hauler License	TYPE OF HAULER (CHECK ONLY One)	FEE
<input type="radio"/> HAULER	<input type="radio"/> RENDERABLE RAW MATERIAL	\$ 500.00
	<input type="radio"/> DEAD ANIMAL	\$ 500.00
	<input type="radio"/> COMBINATION RENDERABLE RAW MATERIAL AND DEAD ANIMALS	\$ 500.00

**VEHICLE PERMIT DECAL**

VEHICLE PERMIT DECAL \$ 50.00 FOR EACH VEHICLE DECAL

TOTAL NUMBER OF VEHICLE DECALS ORDERED \_\_\_\_\_ X \$50.00 = \_\_\_\_\_  
**Total Dollar Amount for Vehicle Decals**

VERIFICATION: I SWEAR OR AFFIRM THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I FURTHER CERTIFY BY SIGNATURE HEREON, EACH VEHICLE OPERATED BY THE ESTABLISHMENT IS IN COMPLIANCE WITH APPLICABLE REQUIREMENTS OF THE TEXAS DEPARTMENT OF PUBLIC SAFETY AND TEXAS DEPARTMENT OF TRANSPORTATION; THAT I AM AUTHORIZED TO EXECUTE THIS DOCUMENT ON BEHALF OF THE CORPORATION I AM NOT CURRENTLY DELINQUENT IN THE PAYMENT OF ANY CORPORATION FRANCHISE TAXES OWED THE STATE OF TEXAS UNDER CHAPTER 171, TAX CODE, NOR AM I DELINQUENT IN THE PAYMENT OF ANY CHILD SUPPORT OWED UNDER CHAPTER 232, FAMILY CODE. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD CHAPTER 431 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TAC, CHAPTER 221, AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_  
 Signature

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE/AGENT

\_\_\_\_\_  
 Printed Name & Title

\_\_\_\_\_  
 DATE

**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

**New** - Start Date of Regulated Activity: \_\_\_\_\_

**Change of Ownership (Including legal entity)** [previous owner: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Change of ownership (including change of legal entity) requires submission of a new application and fee as listed on Page 1. The effective date of change becomes the new anniversary date.

**Amended** -  Change of Location [previous location: \_\_\_\_\_] } Enter the date the change  
 Change of Name [previous name: \_\_\_\_\_] } was effective  
 Other: \_\_\_\_\_ Date: \_\_\_\_\_

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application and fee as listed on Page 1. The current expiration date remains in effect.

**Renewal** - Renewals are valid 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.**

**Notice that firm is out of business.** Date: \_\_\_\_\_  
Sign and date. Return for deletion from our records.

**Not required to license/permit**  
Reason: \_\_\_\_\_

**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.

*\*Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants*

Name & Title \_\_\_\_\_ \*Residence Address \_\_\_\_\_ \*Driver's License Number \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_ m. to \_\_\_\_\_ m.

**WEBSITE/ INTERNET ADDRESS:** http://www. \_\_\_\_\_

**BILLING INFORMATION** (The license and/or courtesy renewal notice will be sent to the following):

Billing Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

Name of Application Preparer (Contact Person): \_\_\_\_\_

Telephone Number of Application Preparer (Contact Person): \_\_\_\_\_

Fax Number of Application Preparer (Contact Person): \_\_\_\_\_

E-mail Address of Application Preparer: \_\_\_\_\_

**PRIVACY NOTIFICATION:** With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website listed below for more information on the Privacy Notification (Reference: Government Code, Section 522.021, 522.023 and 559.004).

**ALL THREE PAGES OF THE APPLICATION FORM MUST BE COMPLETED BEFORE A LICENSE WILL BE ISSUED. Please allow 4-6 weeks for processing.**

Visit our website at: [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

Please address **correspondence only** to:  
Texas Department of State Health Services  
RLU, Food and Drug Licensing Group, MC 2835  
PO Box 149347  
Austin, Texas 78714-9347

**BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM  
PAGE 2 OF 3**

**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

\* 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.)

*\*Residence address, driver's license number, and date of birth are only required of drug, device, and/or certificate of authority applicants*  
**INCLUDE A COPY OF YOUR DRIVER'S LICENSE**

**SOLE OWNER / PROPRIETORSHIP**

Name	*Residence Address	*Drivers License Number	*Date of Birth
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**PARTNERSHIP**       **LP**       **LLP**       **LTD**

Name of Partnership	Effective Date of Partnership
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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**ASSOCIATION**

Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name	*Residence Address	*Drivers License Number	*Date of Birth
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**CORPORATION**       **LLC**

Name of Corporation	Date and Place of Incorporation
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President's Name	*Residence Address	*Drivers License Number	*Date of Birth
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Officer's Name	*Residence Address	*Drivers License Number	*Date of Birth
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Officer's Name	*Residence Address	*Drivers License Number	*Date of Birth
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Name of Registered Agent	*Residence Address	Telephone Number
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**PLEASE PROVIDE A PHOTOCOPY OF LIABILITY INSURANCE CARD FOR EACH VEHICLE**

**A DECAL WILL NOT BE ISSUED WITHOUT VERIFICATION OF INSURANCE**

YEAR _____ MAKE _____ MODEL _____ LIC. PLATE # _____ VIN #: _____ GROSS WEIGHT LIMITATION _____ <b>PLEASE CHECK TYPE:</b> <input type="radio"/> TRUCK <input type="radio"/> TRAILER	
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