



WAREHOUSE

**REGULATORY LICENSING UNIT
WAREHOUSE OPERATOR LICENSE APPLICATION
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP
(Health and Safety Code, Chapter 431)**

Return both the completed application and fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
PO Box 12008, Austin, Texas 78711.
You may contact our office at: (512) 834-6626

BUDGET	ZZ104
FUND:	183
LICENSE #:	

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: _____

**FEE SCHEDULE FOR WAREHOUSE OPERATORS INITIAL/RENEWAL LICENSE
OR CHANGE OF OWNERSHIP**

The fee is based on the **maximum** amount of square feet dedicated to food storage during the licensing period (biennial).

SQ FT OF FOOD STORAGE		FEE	
<input type="checkbox"/>	0 sq ft	- 6,000 sq ft	- \$ 362.00 for each place of business
<input type="checkbox"/>	6,001sq ft	- 24,000 sq ft	- \$ 718.00 for each place of business
<input type="checkbox"/>	24,001sq ft	- 75,000 sq ft	- \$ 1,082.00 for each place of business
<input type="checkbox"/>	75,001sq ft	- 250,000 sq ft	- \$ 1,442.00 for each place of business
<input type="checkbox"/>	250,001sq ft	Or more	- \$ 2,060.00 for each place of business

LATE FEE - A person who files for renewal after the license 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.

Signature

Printed Name & Title

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

Date

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application, and/or any change in status of firm.
Please Note: Initial licenses will expire two years from date of payment receipt by the Department.

New (Initial) - 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. Initial licenses will expire two years from date of payment receipt by the Department.

Amended - Change of Location [previous location: _____] }
 Change of Name [previous name: _____] }
 Other: _____ }

Enter the date the change was effective:
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 and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

Name & Title

Residence Address

Drivers License Number

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, Zip Code: _____

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

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

□ - □ □ □ □ □ □ □ □ □ - □

Complete the one box below that relates to the type of ownership of your business.

Sole Owner / Proprietorship

Name of Sole Owner: _____
Residence Address Drivers License Number

Partnership **LP** **LLP** **LTD**

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Association **State Agency**

Name of Association / State Agency: _____

Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Name: _____
Residence Address Drivers License Number

Name: _____
Residence Address Drivers License Number

Corporation **LLC**

Corporation Name: _____
Date and Place of Incorporation

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

President Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Name of Registered Agent: _____
Residence Address Drivers License Number