



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

**SALVAGE
2405**

Initial / Renewal 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: **ZZ104**
FUND: **159**

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
INITIAL/RENEWAL LICENSE OR CHANGE OF OWNERSHIP

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: \$1236.00

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.

Print Name:	Title: <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Designee / Agent
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sign here ▶	Date:
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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** - Start Date of Regulated Activity: _____
- Change of Ownership:** **If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.** Change of ownership requires submission of an initial application and fee as listed on Page 1.
 - Previous owner name: _____ Previous license number: _____
 - Previous dba name: _____
 - Effective date of change: _____
- Amended:** **If change affects multiple licensed locations contact us at 512-834-6727 prior to submitting application.** Any minor amendment including change of name or change in the location of a licensed place of business requires submission of a minor amendment application and fee as listed on page 1 of that application. The current expiration date remains in effect.
 - Change of location (previous location): _____
 - Change of dba name (previous name): _____
 - Current License number: _____ Effective date of change: _____
 - Other: _____
- 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 out of business: _____ **Not required to license/permit**
 Sign and date 1st page and return original license for deletion from our records. 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.

***Please Note: Only** drug, device, and/or certificate of authority applicants are required to fill in residence address, driver's license number, and date of birth.

Name & Title	*Residence Address	*Driver's License Number	*Date of Birth
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BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www._____

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

Mailing Name: _____

Mailing 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 552.021, 552.023 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

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number or Federal Identification number.

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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 _____