



Texas Department of State Health Services

BUSINESS FILING AND VERIFICATION SECTION

**CERTIFIED FOOD MANAGER PROGRAM
MINOR AMENDMENT TEST SITE**

LICENSE APPLICATION (Health and Safety Code (HSC), Chapter 438, Subchapter G)

Return both the completed application and **non-refundable check or money order** made payable to: Texas Department of State Health Services, RLU, Food and Drug Licensing-MC2003, PO. Box 149347, Austin, Texas 78714-9347

ALLOW 4-6 WEEKS PROCESSING TIME

2103 -Test Site

Budget: ZZ106

Fund: 073

LICENSE #:

Please note that this application is for a Test Site. A separate application package is required for Certification Programs. Applications may be downloaded at <http://dshs.texas.gov/food-managers/default.aspx>, or contact this office at (512) 834-6727.

Business applying to operate Test Site: _____

Name of owner (licensee of Test Site): _____

Physical address of Test Site: _____

City, County, State, Zip Code: _____

Mailing address: _____

Telephone number at physical address: _____

Test Site Email address: _____

Test Site Website (URL): _____

MINOR AMENDMENT

Please check the appropriate box:

1 Site: \$200.00 **2 to 10 sites:** \$500.00 **Over 10 sites:** \$1000.00.

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 438 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative code, Chapter 229, and agree to abide by them.

Signature of Test Site Licensee

Printed name & title

Date

PURPOSE OF THIS APPLCIATION: Check appropriate box

New

Renewal: Renewals are valid for two years 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.

Amended: Effective date: _____

Change of location Change of name

Other _____

Change of ownership: Effective date: _____

Previous business name & license number: _____

Out of business: Effective date: _____

I choose not to renew my test site license.

⚙️ A completed application must be submitted with the appropriate fees prior to a change of license ownership, site location, or change of name. The effective date of change becomes the new anniversary date.

TEST SITE INFORMATION Public Private

EXAMINATION: only department approved examinations may be utilized.

Online National (please specify): _____

**ALLOW 4- 6 WEEKS PROCESSING TIME
FAILURE TO PROVIDE ALL REQUIRED INFORMATION WILL DELAY
ACCREDITATION**

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Also your 9 digit Federal Employee Identification number (EIN).

Taxpayer number

EIN number

For the information below, complete **the box** that applies to the ownership of the License.

Sole owner / Proprietorship

Name of Sole Owner: _____

Association **State Agency**

Name of Association / State Agency: _____

Partner Name: _____

Partner Name: _____

