



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
BUSINESS FILING AND VERIFICATION SECTION

**FOOD WHOLESALER LICENSE APPLICATION
INITIAL, CHANGE OF OWNERSHIP,
RENEWAL, OR OUT-OF-BUSINESS NOTIFICATION**

Health and Safety Code, Chapter 431
Texas Administrative Code, Chapter 229

IMPORTANT INFORMATION

If you are a food manufacturer who operates food warehousing locations that are physically separate from any manufacturing location, the food warehouses must be individually licensed as warehouse operators. This include facilities where food is held for limited periods of time.

If you are a food manufacturer, private labeler, or repacker, or a food wholesaler who is also required to be licensed as a wholesale distributor of nonprescription drugs, medical gases or device distributor, go to www.dshs.texas.gov/drugs or www.dshs.texas.gov/medical-devices for the correct application.

FACILITY INFORMATION

Name Under Which Business is Conducted (DBA): _____

Physical Street Address: _____

City, State, Zip Code: _____ **County** _____

Telephone # at address: (____) _____

Business Hours of operation: _____m. to _____m.

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

Must check **yes** or **no** for each question:

Does this location distribute produce only? **Yes** **No**

Does this location distribute **seafood products** (fresh, non-frozen, dried)? **Yes** **No**

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

Name & Title

Residence Address

PURPOSE OF THIS APPLICATION

Mark appropriate box to indicate purpose of application and/or any change in status of firm.

New (Initial) Initial application does not require a late fee

Change of Ownership Previous owner: _____

Effective Date: _____

Change of ownership application does not require a late fee

Renewal

Notice that firm is out of business. Date: _____

Reason: _____

STOP! You do not have to complete this application. Go to the last page to sign and date.
Return to the address on page 5 for deletion from our records.

MAILING 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): _____

E-mail Address of Application Preparer (Contact Person): _____

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). Sole Proprietors may enter their social security number.

Tax Payer #

EIN #

- - /

Social Security #

FEE SCHEDULE FOR INITIAL/RENEWAL LICENSE OR CHANGE OF OWNERSHIP

The **non-refundable fee** is based on the **gross annual sales** of **ALL** food wholesaled from the licensed place of business.

(Table 2 fees based on gross annual sales)

Please check one below	GROSS ANNUAL FOOD SALES	FEE DUE
	\$ 0.00 - \$ 199,999.99	\$ 258.00
	\$ 200,000.00 - \$ 499,999.99	\$ 464.00
	\$ 500,000.00 - \$ 999,999.99	\$ 700.00
	\$ 1,000,000.00 - \$ 9,999,999.99	\$ 927.00
	\$ 10,000,000.00 or more	\$1,391.00

Late Fee - A person who files a **renewal** application after the expiration date must pay an additional \$100.00. **Initial and Change of ownership applications do not require late fees.**

MAILING AND PAYMENT INFORMATION

The application and **non-refundable fee must be mailed** to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Cash Receipts Branch
MC 2003
PO Box 12008, Austin, Texas 78711

Make your check or money order payable to:
Texas Department of State Health Services

**DO NOT SEND CASH OR A TEMPORARY CHECK
FEES ARE NON-REFUNDABLE**

Initial licenses will expire two years from date of payment receipt by the Department.

Normal processing time for all applications is four to six weeks.

A failure to send the **non-refundable fee** and application to the addresses in accordance with the above instructions, will increase the normal processing time.

A license will not be issued unless both the accurate non-refundable fee and application is received.

Any returned checks received after the expiration date will be assessed the \$100.00 late fee.

Fees are non-refundable.

CONTACT AND CORRESPONDENCE INFORMATION

You may contact our office at: (512) 834-6626 or foodslicensinggroup@dshs.texas.gov

You can visit our website at www.dshs.texas.gov

You can send correspondence to:

Texas Department of State Health Services

BF&VS, Food & Drug Business Filing and Verification Unit

MC 2835

PO Box 149347

Austin, Texas 78714-9347

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 www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).

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, Chapters 229, and agree to abide by them.

Signature

OWNER

Date

PARTNER

PRESIDENT

CORPORATE DESIGNEE / AGENT

Printed Name & Title