

## REGULATORY LICENSING UNIT SALVAGE ESTABLISHMENT / SALVAGE BROKER Minor Amendment 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 SALVAGE 2405

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 Establishm	nent/ Broker:			
Type of Operation:     Salvage Establishment  Salvage Broker				
Primary Activity: (Is Determined by highest gross annua	I sales)			
Check Only ONE :   Food  Nonprescription Drugs  Devices  Prescription Drugs				
<b>Type of Salvage:</b> Check all that apply: Contact our office at (512) 834-6727 if you checked <u>Prescription Drugs</u> . 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				
MINOR AMENDMENT 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: \$ 600.00				
<ul> <li>Reinspection Fee: \$ 600.00</li> <li>This fee is only if the license for your firm has been denied, suspended, or revoked.</li> <li>A non-exempt salvage establishment/ broker requesting a reinstatement of a license that has been denied, suspended, or revoked, must resubmit the reinspection fee.</li> </ul>				
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).				
<b>VERIFICATION:</b> 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:   D   Owner   D   President			
	Partner     Corporate Designee / Agent			
sign here	Date:			
EF23-12983 BE CERTAIN TO COMPLETE ALL PAGES OF THIS FORM 07/23/2012 PAGE 1 OF 3				

	priate box to indicate purpose of application, and/or any change in status of firm. vill expire two years from date of payment receipt by the Department.			
□ <b><u>New</u></b> - Start Date of Regulated Activity:				
	<b>ts multiple licensed locations contact us at 512-834-6727 prior to submitting</b> bmission of an <u>initial</u> application and fee as listed on Page 1.			
□ Previous owner name:	Previous license number:			
Previous dba name:				
□ Effective date of change:				
minor amendment including change of name or cha	<b>ensed locations contact us at 512-834-6727 prior to submitting application.</b> Any nge in the location of a licensed place of business requires submission of a minor amendment eation. The current expiration date remains in effect.			
□ Change of location (previous location):				
	Effective date of change:			
□ Other:				
<b><u>Renewal</u></b> - 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 o Sign and date 1 <sup>st</sup> page and return original license	f business:       D       Not required to license/permit         for deletion from our records.       Reason:			
<b>RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS</b> 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. <b>*Please Note:</b> <u>Only</u> 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 Addres	*Driver's License Number *Date of Birth			
BUSINESS HOURS OF OPERATION:	m. tom.			
WEBSITE/ INTERNET ADDRESS: http://	/www			
MAILING ADDRESS INFORMATIC	<b>ON</b> (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):				
Fax Number of Application Preparer (Contact Per	tact Person):			
E-mail Address of Application Preparer:	tact Person):			

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 <u>MUST</u> 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 <u>correspondence only</u> 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 or Federal Identification number.					
**Please Note: For <u>ONLY</u> Drug, Device, and/or Certificate of Authority Applications: * Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor? (If yes, please attach a statement explaining the conviction.)					
<ul> <li>* Please include a copy of Driver's License with application.</li> <li>*Applicants are required to fill in residence address, driver's license number, and date of birth below.</li> </ul>					
□ 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 * Each of the Below Must Include: Name, I	CITY Residence Address, Drive	ST rs License Number &	ZIP Date of Birth:		
Partner Name:	· · · · · · · · · · · · · · · · · · ·				
Partner Name:	Residence Address	DLN	DOB		
	Residence Address	DLN	DOB		
Partner Name:	Residence Address	DLN	DOB		
Association       State Agency         Name of Association / State Agency:					
		/			
Address:///////					
Name:	Residence Address, Drive		Date of Birth:		
Name:	Residence Address	DLN	DOB		
	Residence Address	DLN	DOB		
□ Corporation □ LLC	rporation  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:					
Officer's Name:	Residence Address	DLN	DOB		
Officer's Name:	Residence Address	DLN	DOB		
	Residence Address	DLN	DOB		
Name of Registered Agent:	Residence Address	DLN	DOB		