



**RETAIL
2301**

**REGULATORY LICENSING UNIT
RETAIL FOOD OPERATION PERMIT APPLICATION
MINOR AMENDMENT CHANGE
(Health and Safety Code, Chapter 437)**

Return both the completed application and **non-refundable** fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Foods Licensing Group MC 2003, PO Box 149347, Austin, Texas 78714-9347
You may contact our office at: (512) 834-6626

BUDGET:	ZZ106
FUND:	167
PERMIT #:	

If you are a school food establishment, roadside food vendor (mobile food store), or mobile unit, contact this office at (512) 834-6626 for the correct application.

Name Under Which Business is Conducted (DBA): _____
 Physical Address to be Licensed: _____
 City, County, State, Zip Code: _____
 Telephone # at address: (_____) _____ Is physical address within the city limits? Yes No

Exemptions from Retail permitting: Licensed by the Texas Department of State Health Services as a food manufacturer AND paying a higher fee; or
 Inspected and permitted by County or Public Health District; or
 Non-Profit as a 501(C) organization.

FEES SCHEDULE FOR MINOR AMENDMENT OF PERMIT

Fees for food service establishments and retail food stores are based on the gross annual volume of food sales. Mark the appropriate volume category and remit fee accordingly. Fee amounts will be verified with the Texas Comptroller of Public Accounts.

- Food Establishment**- any place where food is prepared and intended for individual portion service. This includes the site at which individual portions are provided for consumption on or off the premises and regardless of whether there is a charge for the food, bed & breakfasts with > 7 rooms, restaurants, bars, cafes, snack bars, hospitals that serve food to the general public, correctional facilities (jails) that contract with professional food management corporations for food preparation, privately-owned correctional facilities, etc.
- Retail Food Store**- a food establishment or section of an establishment where food and food products are offered to the consumer and intended for off-premise consumption. This includes delicatessens that offer prepared food in bulk quantities only, grocery stores, markets, etc.

GROSS ANNUAL VOLUME OF FOOD SALES

<input type="checkbox"/> \$ 0.00 - \$ 49,999.99	-	\$125.00
<input type="checkbox"/> \$ 50,000.00 - \$149,999.99	-	\$250.00
<input type="checkbox"/> \$150,000.00 - or more	-	\$375.00

Fees are non-refundable

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.

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 437 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTERS 228 & 229, AND AGREE TO ABIDE BY THEM.

Signature _____

<input type="checkbox"/> OWNER	_____
<input type="checkbox"/> PARTNER	_____
<input type="checkbox"/> PRESIDENT	Date _____
<input type="checkbox"/> CORPORATE DESIGNEE / AGENT	_____

Printed Name & Title _____

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 Previous owner: _____ Effective Date: _____

Change of ownership 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: _____] } Enter the date the change
 Change of Name [previous name: _____]
 Other: _____ 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: _____ **Not required to license/permit.**
Sign and date. Return 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 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
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BUSINESS HOURS OF OPERATION: _____m. to _____m.

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

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): _____

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.texas.gov

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.

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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

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