

**REGULATORY LICENSING UNIT  
RETAIL FOOD OPERATION PERMIT APPLICATION  
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP  
(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. Please sign, date and return application.

**FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP**

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**

- \$ 0.00 - \$ 49,999.99 - \$258.00
- \$ 50,000.00 - \$149,999.99 - \$515.00
- \$150,000.00 - or more - \$773.00

**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, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature \_\_\_\_\_

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

Date \_\_\_\_\_

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 (Including legal entity)** Previous owner: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
 Change of ownership (including change of legal entity) 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: \_\_\_\_\_] } was effective:  
 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

**BUSINESS HOURS OF OPERATION:** \_\_\_\_\_ m. to \_\_\_\_\_ m.

**WEBSITE/ INTERNET ADDRESS:** <http://www.> \_\_\_\_\_

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

Billing Name: \_\_\_\_\_

Billing 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 522.021, 522.023 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](http://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

**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 \_\_\_\_\_