



**REGULATORY LICENSING UNIT  
CERTIFICATE OF AUTHORITY  
Minor Amendment License Application**

**PSEUDO  
2510**

(Health and Safety Code, Chapter 431)  
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

BUDGET: **ZZ114**  
FUND 996  
LICENSE #

Name Under Which Business is Conducted (DBA): \_\_\_\_\_  
Physical Address to be Licensed: \_\_\_\_\_  
City, County, State, Zip Code: \_\_\_\_\_  
Telephone # at address:( \_\_\_\_\_ )

**List of All Health Care Products, By Type, Sold At The Business Address Listed Above. Attach Additional Sheet If Necessary:**

\_\_\_\_\_

\_\_\_\_\_

**Name(s), Address(es), and Contact Person(s) of Applicant's Wholesale Distributor(s). Attach Additional Sheet If Necessary:**

\_\_\_\_\_

\_\_\_\_\_

**Products Containing Ephedrine, Pseudoephedrine, Or Norpseudoephedrine Will Be Kept:**

behind a sales counter; or  
 in a locked case within 30 feet and in a direct line of sight from a sales counter continuously staffed by an employee of the establishment

**Please Attach The Required Additional Documentation: (All Documentation must be received prior to issuance of license)**

List of inventory, including brand name, of all regulated products applicant proposes to sell at address listed above;  
 A detailed description of training provided to employees or other persons who will have access to; conduct sales of; and/or prepare records of sales of regulated products, including sales techniques and other measures designed to deter theft of regulated products; and  
 Written procedures on how regulated products will be kept; whether behind a sales counter, or in a locked display case within 30 feet and in the direct line of sight of a sales counter continuously staff by an employee.

**FEE FOR MINOR AMENDMENT -- \$300.00**

**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 486 OF THE HEALTH & SAFETY CODE, THE APPLICABLE PROVISIONS OF 25 TEXAS ADMINISTRATIVE CODE, CHAPTER 230, AND AGREE TO ABIDE BY THEM.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name & Title \_\_\_\_\_  
 OWNER  
 PARTNER  
 PRESIDENT  
 CORPORATE DESIGNEE / AGENT

**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** - 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. The effective date of change becomes the new anniversary date.

**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: \_\_\_\_\_  
Sign and date. Return for deletion from our records.

**Not required to license/permit**  
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; or for the manufacturing, assembling, testing, processing, packing, holding or labeling of drugs and/or devices from any personal residence.

**\*Please Note:** Only 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 Address \*Driver's License Number \*Date of Birth

**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, Zipcode: \_\_\_\_\_

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.

-  -

Outlet # \_\_\_\_\_

**\*\*Please Note: For ONLY Drug, Device, and/or Certificate of Authority Applications:**

\* Has the applicant, licensee, and/or managing officer(s) been convicted of a felony or misdemeanor?  Yes  No

(If yes, please attach a statement explaining the conviction.)

\* Please include a copy of Driver's License with application.

\* Applicants are required to fill in residence address, driver's license number, and date of birth below.

**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 CITY ST ZIP

\* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

Partner Name: \_\_\_\_\_  
Residence Address DLN DOB

**Association**  **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
ADDRESS CITY ST ZIP

\* Each of the Below Must Include: Name, Residence Address, Drivers License Number & Date of Birth:

Name: \_\_\_\_\_  
Residence Address DLN DOB

Name: \_\_\_\_\_  
Residence Address DLN DOB

**Corporation**  **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: \_\_\_\_\_  
Residence Address DLN DOB

Officer's Name: \_\_\_\_\_  
Residence Address DLN DOB

Officer's Name: \_\_\_\_\_  
Residence Address DLN DOB

Name of Registered Agent: \_\_\_\_\_  
Residence Address DLN DOB