



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
**General Aquaculture License Application**

**RAQ-100**

SECTION A	<b><sup>1</sup> TYPE OF APPLICATION</b>			
	<input type="checkbox"/> New Business		<input type="checkbox"/> Change of Ownership – previous account number	
	<b><sup>2</sup> BUSINESS TYPE</b>			<b>TDA USE ONLY</b>
	<input type="checkbox"/> Corporation		<input type="checkbox"/> Sole Proprietorship	Client No.
	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Government	Account No.
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Organization	Date (mm/dd/yy)
	<input type="checkbox"/> General Partnership			Initials
	<b><sup>3</sup> CLIENT INFORMATION</b>			
	Full legal business name (owner’s name if sole proprietor – no aliases)			
	D.B.A. (if applicable)			
Comptroller Taxpayer ID No.(In-state businesses only)		Federal Taxpayer ID No. (Out-of-state businesses only)		
<b>SOLE PROPRIETORSHIP ONLY</b>				
<input type="checkbox"/> Social Security No. (SSN- Required) - -		<input type="checkbox"/> If you do not have an SSN you must attach form <a href="#">Affidavit for Occupational License - No Social Security Number (OGC-001)</a> available at <a href="http://www.agr.state.tx.us">http://www.agr.state.tx.us</a>		
<input type="checkbox"/> Driver License No. _____ (if SSN is not available)		<input type="checkbox"/> TX		
<input type="checkbox"/> State Issued ID No. _____ (if DL is not available)		<input type="checkbox"/> Other _____		

  

SECTION B	<b><sup>1</sup> RESPONSIBLE PERSON INSTRUCTIONS</b>		
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:		
	<ul style="list-style-type: none"> <li>♦ For a corporation, limited liability company, or cooperative, the president or CEO,</li> <li>♦ For a limited or general partnership, the managing partner or general manager,</li> <li>♦ For a sole proprietorship, the owner,</li> <li>♦ For any other type of business, the general manager.</li> </ul>		
<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER</b>			
First Name		M. I.	Last Name
Phone No. ( ) - Ext.		E-mail	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the 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. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Legal Business Name \_\_\_\_\_

<b>SEC. B (CONTINUE)</b>	<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>		
	Address		
	City	State	Zip
	Web Address of Business (optional)		

<b>SECTION C</b>	<b><sup>1</sup> CONTACT FOR LICENSE-RELATED MATTERS</b> <input type="checkbox"/> <b>SAME AS RESPONSIBLE OFFICER</b>		
	First Name	M. I.	Last Name
	Primary Phone (     )     -     Ext.		Secondary Phone (optional) (     )     -     Ext.
	Fax (optional) (     )     -     Ext.		
	E-mail Address		
	<p><b>***Important Note***</b> I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates; renewal invoices; and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby, resulting in monetary penalties.</p>		
	<b><sup>2</sup> MAILING ADDRESS</b> <input type="checkbox"/> <b>SAME AS CLIENT ADDRESS</b>		
	Address		
City		State	Zip

<b>SECTION D</b>	<b><sup>1</sup> FACILITY INFORMATION</b>			
	Facility Name			
	<b><sup>2</sup> PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT</b>			
	Address (No P.O. Box)			
	City	State	Zip	County
Directions to Physical Location if address above is difficult to find				

Legal Business Name \_\_\_\_\_

<b>SECTION E</b>	<b><sup>1</sup> OUT-OF-STATE APPLICANTS ONLY</b>		
	An applicant for a General Aquaculture license whose principal place of business is situated outside the State of Texas must appoint and designate a resident citizen of Texas as said applicant's resident agent within Texas. If the address provided in Section A is out of state then this information is <b>REQUIRED</b> .		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
	City	Zip	Business Phone (    )    -

<b>SECTION F</b>	<b><sup>1</sup> AQUACULTURE FACILITY INFORMATION</b>	
	<input type="checkbox"/> Please attach Texas Commission on Environmental Quality (TCEQ) Wastewater Discharge Permit number or Exemption letter.	
	Are you currently engaged in shrimp production? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many surface acres are dedicated to shrimp production at this facility location _____.	
	Are you a commercial aquaculture facility located in the coastal zone and engaged in the production of shrimp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, send the required reports to both TCEQ and Texas Parks and Wildlife Department (TPWD).	
	<b><sup>2</sup> SPECIES INFORMATION</b>	
	TDA is required to collect information on specific species. Please answer the following questions. Do you produce cultured redfish or cultured speckled sea trout? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the estimated % of your production.	
	Redfish	Speckled Sea Trout
	<b><sup>3</sup> OTHER STATE AGENCIES INFORMATION</b>	
List all other species you will be culturing (common name and scientific name)		

Legal Business Name \_\_\_\_\_

<p>Sources of Cultured species:</p> <p>a. Will you be obtaining cultured species from another culturist? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, please provide the culturist name(s) below:</p>  <p>b. Will you be obtaining wild-caught species? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If yes, do you have a Texas Parks and Wildlife Department collecting permit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you will be culturing species that are not native to Texas, contact Texas Parks &amp; Wildlife Department at (512) 389-8037 for exotic species permit requirements.</p>
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<b>SECTION G</b>	<b><sup>1</sup> PAYMENT</b>	
	Please see instructions for applicable fees.	
	<b>REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.</b>	
	Method of Payment (payable to Texas Department of Agriculture)	
	<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cashier's Check # _____ <input type="checkbox"/> Money Order # _____	
	Amount remitted	Mail to: Texas Department of Agriculture
\$	P.O. Box 12076, Austin, TX 78711-2076	
<b>TDA USE ONLY</b>	Receipt No.	Date Receipt Issued

Legal Business Name \_\_\_\_\_

<b>SECTION H</b>	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name	Title
	Applicant Signature	Date     /     / month day year

<b>SECTION I</b>	<b><sup>1</sup> CHECKLIST</b>
	Please use this checklist to ensure you are sending all of the necessary information and documents. <input type="checkbox"/> General Aquaculture License Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.) <input type="checkbox"/> Texas Commission on Environmental Quality (TCEQ) Wastewater Discharge Permit number or Exemption letter
	<b>Please note that an incomplete application may result in processing delays.</b>