

P.O. Box 12076 Austin, Texas 78711 ◆(877) 542-2474 ◆ (512) 463-7476 ◆ Hearing impaired: (800) 735-2988 voice ◆(800) 735-2989 (TTY) <u>www.TexasAgriculture.gov</u>

Texas Department of Agriculture

Egg License Application

COMMISSIONER SID MILLER

	¹ TYPE OF APPLICATION							
	New Business Change of Ownership – previous account number:							
	² BUSINESS TYPE				TDA USE ONLY			
SECTION A	Corporation	Sole Proprietorship			Client No.	Account No.		
	Limited Liability Co.	Governm	ent					
	Limited Partnership	Nonprofit Organization			Date (mm/dd/yy)	Initials		
	General Partnership							
	³ CLIENT INFORMATION							
	Full legal name of business as registered with the Texas Secretary of State (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)				
	SOLE PROPRIETORSHIP ONLY							
	Social Security No. (SSN - Required) If you do not have an SSN you must a attach form Affidavit for Occupational License - No Social Security Number (OGC-001)							
	available at http://www.TexasAgriculture.gov							
				SSN is not available)TXDL is not available)Other				
State Issued ID No (if DL is not available								
	¹ RESPONSIBLE PERSON INSTRUCTIONS							
	Please list the full legal name (no aliases or nicknames) of the primary person responsible for the business, as indicated:							
	 For a corporation, limited liability company, or cooperative-the president or CEO; 							
В	• For a limited or general partnership-the managing partner or general manager;							
NO	• For a sole proprietorship- the owner;							
ECTION B	• For any other type of business-the general manager or equivalent.							
SE	² RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER							
	First Name		M. I.	Last Name				
	Phone No.		I	E-mail				
	() - Ext.							

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 Name of Business _____

	³ RESPONSIBLE PERSON MAILING ADDRESS						
NT'D.)	Address						
SEC. B (CONT'D.)	City				State	Zip	
SEC	Internet Address of Business if applicable						
	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS						
	First Name	M. I.	Last Na				
	Primary Phone () - Ext.		Secondary Phone (optional) () - Ext.				
7 \	Fax (optional) () - Ext.						
SECTION C	E-mail Address						
SEC	***Important Note *** I understand that my e-mail 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 e-mail address may result in my not receiving time-sensitive information that could affect my compliance with state regulations and result in monetary penalties.						
	² MAILING ADDRESS						
	Address						
	City		State	Zip			
	¹ FACILITY INFORMATION						
	Facility Name						
0	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT						
SECTION D	Address (No P.O. Box)						
SECI	City		State	Zip	Count	у	
	Directions to Physical Location						

Legal Name of Business _____

IN E	appoint and designate a resident citizen of Texas as said app is REQUIRED if the address provided in Section C is out of	siness is situated outsi	¹ OUT-OF-STATE APPLICANTS ONLY					
ECTION E	Who do you wish to designate as resident agent? \Box The Te	An applicant for an Egg 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. This information is REQUIRED if the address provided in Section C is out of state.						
ECTIO	Who do you wish to designate as resident agent? The Texas Secretary of State Other (list below)							
	Resident Agent Name							
2	Resident Agent Address							
(City	Zip	Business Phone () -					
1	¹ BUSINESS CLASSIFICATION							
SEC. F								
1	¹ DEALER-WHOLESALER CLASS							
	Are you a packer? Yes No If yes, please provide USDA Plant No. (if applicable)							
	Class $1(5100) - 10$ cases or more, but less than 50 cases							
	$\Box \text{ Class 3 ($100)} - 50 \text{ cases or more, but less than 100 cases}$							
	Class 3 ($(100) - 50$ cases or more, but less than 100 cas	es						
	Class 4 (300) – 100 cases or more, but less than 200 ca	ises						
7 B	 Class 4 (\$300) – 100 cases or more, but less than 200 ca Class 5 (\$300) – 200 cases or more, but less than 500 ca 	lses						
N G	 Class 4 (\$300) – 100 cases or more, but less than 200 ca Class 5 (\$300) – 200 cases or more, but less than 500 ca Class 6 (\$500) – 500 cases or more, but less than 1,000 	ises ises cases						
TION G	 Class 4 (\$300) - 100 cases or more, but less than 200 ca Class 5 (\$300) - 200 cases or more, but less than 500 ca Class 6 (\$500) - 500 cases or more, but less than 1,000 Class 7 (\$500) - 1,000 cases or more, but less than 1,500 	uses uses cases)0 cases						
ECTION G	 Class 4 (\$300) – 100 cases or more, but less than 200 ca Class 5 (\$300) – 200 cases or more, but less than 500 ca Class 6 (\$500) – 500 cases or more, but less than 1,000 	ises ises cases 00 cases 000 cases						
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SECTION G	 Class 4 (\$300) – 100 cases or more, but less than 200 ca Class 5 (\$300) – 200 cases or more, but less than 500 ca Class 6 (\$500) – 500 cases or more, but less than 1,000 Class 7 (\$500) – 1,000 cases or more, but less than 1,500 Class 8 (\$1000) – 1,500 cases or more, but less than 3,00 Class 9 (\$1200) – 3,000 cases or more, but less than 4,500 Class 10 (\$1500) – 4,500 cases or more, but less than 7,000 Class 11 (\$2100) – 7,000 cases or more, but less than 1000 	ises ises cases 00 cases 000 cases 500 cases 000 cases						
	 Class 4 (\$300) – 100 cases or more, but less than 200 ca Class 5 (\$300) – 200 cases or more, but less than 500 ca Class 6 (\$500) – 500 cases or more, but less than 1,000 Class 7 (\$500) – 1,000 cases or more, but less than 1,500 Class 8 (\$1000) – 1,500 cases or more, but less than 3,00 Class 9 (\$1200) – 3,000 cases or more, but less than 4,50 Class 10 (\$1500) – 4,500 cases or more, but less than 7,000 Class 11 (\$2100) – 7,000 cases or more, but less than 100 Class 12 (\$2700) – 10,000 cases or more 	ises ises cases 00 cases 000 cases 500 cases 000 cases						
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	 Class 4 (\$300) – 100 cases or more, but less than 200 ca Class 5 (\$300) – 200 cases or more, but less than 500 ca Class 6 (\$500) – 500 cases or more, but less than 1,000 Class 7 (\$500) – 1,000 cases or more, but less than 1,500 Class 8 (\$1000) – 1,500 cases or more, but less than 3,00 Class 9 (\$1200) – 3,000 cases or more, but less than 4,50 Class 10 (\$1500) – 4,500 cases or more, but less than 7,40 Class 11 (\$2100) – 7,000 cases or more, but less than 100 Class 12 (\$2700) – 10,000 cases or more PROCESSOR CLASS Estimated Average Weekly Volume (check only one) Class 1 (\$100) – Less than 250 cases per week 	uses uses cases 00 cases 000 cases 500 cases 000 cases 0,000 cases						
	Class 4 (\$300) – 100 cases or more, but less than 200 ca Class 5 (\$300) – 200 cases or more, but less than 500 ca Class 6 (\$500) – 500 cases or more, but less than 1,000 Class 7 (\$500) – 1,000 cases or more, but less than 1,500 Class 8 (\$1000) – 1,500 cases or more, but less than 3,00 Class 9 (\$1200) – 3,000 cases or more, but less than 4,50 Class 10 (\$1500) – 4,500 cases or more, but less than 7, Class 11 (\$2100) – 7,000 cases or more, but less than 10 Class 12 (\$2700) – 10,000 cases or more 2 PROCESSOR CLASS Estimated Average Weekly Volume (check only one)	ises ises cases 00 cases 000 cases 500 cases 000 cases 0,000 cases						

	¹ PAYMENT					
	Please see instructions for applicable fees.					
ΗN	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.					
IOI	Method of Payment (payable to Texas Department of Agriculture)					
SECTION	Cashier's Check #					
	Amount remitted	Mail to: Texas Department of Agriculture				
	\$	P.O. Box 12076, Austin, TX 78711-2076				
	TDA USE ONLY Receipt No.	Date Receipt Issued				
	¹ SIGNATURE					
SECTION I	The applicant, by signature below, (1) certifies that all information provided in or in connection with this application is true and correct; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in or 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 or 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				
١J	¹ CHECKLIST Please use this checklist to ensure you are sending all of the necessary information and documents.					
IOI	Egg License Application					
SECTION J	Fee (see instructions for assistance with calculating the correct fee.)					
SE						

Please note that an incomplete application may result in denial or delay in processing of the application.