

**COMMISSIONER SID MILLER
TEXAS DEPARTMENT OF AGRICULTURE
STRUCTURAL PEST CONTROL SERVICE**

P.O. BOX 12077, AUSTIN, TEXAS 78711-2077
Phone: (512) 305-8250 or 866-918-4481 Fax: 888-232-2567
Internet Address: www.TexasAgriculture.gov/spcs (submit your renewal online)
Hearing Impaired: (800) 735-2988 (voice), (800) 735-2989 (TTY)

RENEWAL APPLICATION FOR BUSINESS LICENSE

Full Legal Name of Business _____ **TPCL #** _____

Assumed Name (dba) _____

Business Telephone No. () _____ Business Fax No. () _____ Business Email: _____

Location Address: _____

Street City County State Zip

Mailing Address: _____

Street or P. O. Box City County State Zip

Legal Name of the Executive/Responsible Party _____ **(Only one person)**

Tax ID Number: _____ Driver License No. _____ Date of Birth _____

Home Location Address _____

Street City County State Zip

Home Mailing Address _____

Street City County State Zip

Home Telephone. No. () _____

The Structural Pest Control Service performs criminal history searches on all license applicants and licensees, including those applying for renewal of an existing license. At minimum, criminal history information is sought from the Texas Department of Public Safety. This process may delay agency action on a license application if the applicant's criminal history reveals an arrest for, conviction of, or a plea of guilty to a criminal offense. If an applicant's or licensee's criminal history reveals a conviction or plea of guilty to a criminal offense, the applicant will be asked to submit additional information to demonstrate the applicant's current fitness to be licensed. Failure to submit the requested information, submission of false or misleading information, or failure to demonstrate current fitness to be licensed may result in denial of the application or revocation of an existing license.

Type of Business: Sole Proprietor Partnership LLC/Corporation Partnership

List name and address of each person who holds more than 10% ownership of this business:

Name Street City County State Zip

Name Street City County State Zip

- I CERTIFY THAT I HAVE NOT DEFAULTED ON A LOAN GUARANTEED BY THE TEXAS GUARANTEED STUDENT LOAN CORPORATION.**

SIGNATURE OF BUSINESS LICENSE HOLDER (REQUIRED) _____ **DATE** _____

Name of Responsible Certified Applicator _____ License No. _____

No. of renewal licenses _____

_____	BUSINESS LICENSE RENEWAL FEE @ \$300.00 per license	\$ _____
_____	CERTIFIED APPLICATOR LICENSE RENEWAL FEE @ \$125.00 per license	\$ _____
_____	TECHNICIAN LICENSE RENEWAL FEE @ \$125.00 per license	\$ _____
_____	*Late fee 90 days or less after expiration date @ 1 1/2 fee per license	\$ _____
_____	*Late fee 91 days but less than a year after expiration @ twice the fee per license	\$ _____
	TOTAL AMOUNT ENCLOSED	\$ _____

***Late fees apply to business, certified applicator and technician licenses.. If the business license holder and certified applicator are the same individual or entity the late fee is applicable to each license.**

Make Check Payable to: Texas Department of Agriculture