



COMMISSIONER SID MILLER

**Texas Department of Agriculture**  
*Handling and Marketing of Perishable Commodities*  
**Application**

**RPC-400**

<b>SEC. A</b>	<b><sup>1</sup> LICENSE TYPE</b>
	<input type="checkbox"/> License Fee \$150.00, Produce Recovery Fund Fee \$250.00, Total Due with Application: \$400.00 Do you have buying agents and/or transporting agents? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please also complete Schedule B.

<b>SECTION B</b>	<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.	Account No.
	<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Government		
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Non-Profit Organization	Date (mm/dd/yy)	Initials
	<input type="checkbox"/> General Partnership				
	<b><sup>3</sup> CLIENT INFORMATION</b>				
Full legal name of business as registered with the Texas Secretary of State. Provide full name of owner if a sole proprietorship. Do not provide aliases.					
D.B.A. (if applicable)					
Comptroller Taxpayer ID No. (In-state businesses)			Federal Tax ID No. (Out-of-state businesses and non-profit organizations)		
<b>SOLE PROPRIETORS ONLY</b>					
<input type="checkbox"/> Social Security No. (SSN - Required)		<input type="checkbox"/> If you do not have an SSN you must attach form OGC-001, <a href="http://www.TexasAgriculture.gov">Affidavit for Occupational License - No Social Security Number</a> , available at <a href="http://www.TexasAgriculture.gov">http://www.TexasAgriculture.gov</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 _____			

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about information that the State of Texas collects on 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 \_\_\_\_\_

SECTION C	<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 or cooperative, the president or chief executive officer (CEO),</li> <li>♦ For limited liability company, a limited partnership, or a general partnership, the managing partner, general manager, managers, or managing members</li> <li>♦ For a sole proprietorship, the owner,</li> <li>♦ For any other type of business, the president, CEO, general manager or manager, or equivalent.</li> </ul>		
	<b><sup>2</sup> RESPONSIBLE OFFICER, PARTNER, MANAGER, MEMBER, OR OWNER</b>		
	First Name	M. I.	Last Name
Phone No. (     )     -     Ext.	E-mail		
<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>			
Address			
City	State	Zip	
Internet Address of Business (optional)			

SECTION D	<b><sup>1</sup> CONTACT FOR LICENSE-RELATED MATTERS    <input type="checkbox"/> 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 by 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 compliance with state regulations and result in monetary penalties.</p>		
	<b><sup>2</sup> MAILING ADDRESS    <input type="checkbox"/> SAME AS CLIENT ADDRESS</b>		
	Address		
City	State	Zip	

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

<b>SECTION E</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				

<b>SECTION F</b>	<b><sup>1</sup> OUT-OF-STATE APPLICANTS ONLY</b>		
	An applicant for a license authorizing the Handling and Marketing of Perishable Commodities in Texas whose principal place of business is situated outside the State of Texas must appoint and designate a registered agent who resides or is located within the State of Texas for service of process or receiving official communications and notices regarding your license.		
	If your business is an out of state entity, please indicate state where your business entity was formed or organized.		
	Designation of Registered Agent <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (provide details below)		
	Resident Agent Name		
	Resident Agent Address		
City	Zip	Business Phone ( ) -	

<b>SECTION G</b>	<b><sup>1</sup> APPLICANT HISTORY</b>	
	How long have you been engaged in the produce business in Texas? _____ Years _____ Months	
	Have you previously been licensed by this state or the United States Department of Agriculture (USDA) to handle perishable commodities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, has any license issued to you by this state or the USDA ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, also complete questions #1, 2, and 3 on the next page and submit a copy of your most recent financial statement with this application.		

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

<b>SECTION G (CONTINUED)</b>	<b><sup>1</sup> APPLICANT HISTORY CONT.</b>	
	1. When was the license suspended or revoked?	2. Where was the license suspended or revoked?
	3. For what reason was the license suspended or revoked?	
	Has the applicant, or any business or entity in which applicant participated as a principal, been the subject of a claim made under the Texas Produce Recovery Fund? Note that you are a considered a principal of such business or entity if you participated in that business or entity as an officer, director, partner, manager, member, or shareholder or equity owner that held more than 25% ownership interest in said business or entity.	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, state the name and address of the person or entity who made the complaint

<b>SECTION H</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 of payment \$	Mail to: Texas Department of Agriculture P.O. Box 12076, Austin, TX 78711-2076

<b>TDA USE ONLY</b>	Receipt No.	Date Receipt Issued
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<b>SECTION I</b>	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, through 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 (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

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

<b>SECTION J</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"/> Handling and Marketing of Perishable Commodities Application <input type="checkbox"/> Fee (see instructions) <input type="checkbox"/> Schedule A, if necessary. <input type="checkbox"/> Schedule B, if necessary. <input type="checkbox"/> Copy of your financial statement, if necessary.
	<b>Please note that an incomplete application may result in processing delays.</b>