

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

Texas Department of Agriculture Egg License Application

REG-200

	¹ TYPE OF APPLICATION						
	☐ New Business ☐ Change of Ownership – previous account number:						
	² BUSINESS TYPE				TDA USE ONLY		
	Corporation	Sole Proprietorship			Client No.	Account No.	
	Limited Liability Co.	Government					
	Limited Partnership	☐ Nonprofit Organization			Date (mm/dd/yy)	Initials	
	General Partnership				()) /		
	³ CLIENT INFORMATION	³ CLIENT INFORMATION					
SECTION A	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)					sinesses 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						
	Driver License No(if SS			N is not available)			
	State Issued ID No		_ (if DL i	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; 						
[B	 For a limited or general partnership-the managing partner or general manager; 						
ON	• For a sole proprietorship- the owner;						
For a limited or general partnership-the managing partner or general manager; For a sole proprietorship- the owner; For any other type of business-the general manager or equivalent. **RESPONSIBLE OFFICER, PARTNER, MANAGER, OR OWNER**							
	First Name		M. I.	Last Name			
	Phone No.	ı	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						
T'D.)	Address						
SEC. B (CONT'D.)	City					Zip	
SEC	Internet Address of Business if applicable						
	¹ PERSON TO CONTACT FOR LICENSE-RELATED MATTERS						
	First Name M. I.			Last Name			
	Primary Phone () - Ext.			Secondary Phone (optional) () - Ext.			
SECTION C	Fax (optional)						
	E-mail Address						
	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			Zip			
	¹ FACILITY INFORMATION						
	Facility Name						
	² PHYSICAL ADDRESS OF LOCATION OF LICENSEE, LICENSED ACTIVITIES OR EQUIPMENT						
SECTION D	Address (No P.O. Box)						
SEC	City			Zip	Cour	nty	
	Directions to Physical Location						

Lega	ıl Name	of Business	
Lega	ıl Name	of Business	

	¹ OUT-OF-STATE APPLICANTS ONLY					
	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					
E	is REQUIRED if the address provided in Section C is out of state.					
NC	Who do you wish to designate as resident agent? The Texas Secretary of State Other (list below)					
SECTION E	Resident Agent Name					
SEC	D. 11 (A. (A.1)					
91	Resident Agent Address					
	City Zip Business Phone					
	City Zip Business Phone					
	¹ BUSINESS CLASSIFICATION					
F	☐ Dealer-Wholesaler – Complete Section G, #1					
SEC.	Processor – Complete Section G, #2					
\mathbf{S}	☐ Broker (\$500) – Please skip to Section H					
	Retailers selling eggs directly to consumers are <u>not</u> required to obtain a license.					
	¹ DEALER-WHOLESALER CLASS					
	Are you a packer? Yes No					
	If yes, please provide USDA Plant No. (if applicable)					
	Estimated Average Weekly Volume (check only one)					
	Class 1 (\$100) – 1 case (30 dozen eggs) or more, but less than 10 cases					
	\square Class 2 (\$100) – 10 cases or more, but less than 50 cases					
	Class 3 (\$100) – 50 cases or more, but less than 100 cases					
	\square Class 4 (\$300) – 100 cases or more, but less than 200 cases					
	\square Class 5 (\$300) – 200 cases or more, but less than 500 cases					
G	\square Class 6 (\$500) – 500 cases or more, but less than 1,000 cases					
CTION G	☐ Class 7 (\$500) – 1,000 cases or more, but less than 1,500 cases					
TI	\square Class 8 (\$1000) – 1,500 cases or more, but less than 3,000 cases					
SEC	\square Class 9 (\$1200) – 3,000 cases or more, but less than 4,500 cases					
	☐ Class 10 (\$1500) – 4,500 cases or more, but less than 7,000 cases					
	☐ Class 11 (\$2100) – 7,000 cases or more, but less than 10,000 cases					
	☐ Class 12 (\$2700) – 10,000 cases or more					
	² PROCESSOR CLASS					
	Estimated Average Weekly Volume (check only one)					
	Class 1 (\$100) – Less than 250 cases per week					
	Class 2 (\$175) – 250 cases or more, but less than 600 cases					
	\square Class 3 (\$250) – 600 cases or more, but less than 1,500 cases					
	☐ Class 4 (\$450) – 1,500 cases or more					

Legal Name of Business	
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	¹ PAYMENT				
	Please see instructions for applicable fees.				
HN	REGISTRATION IS NOT VALID UNTIL APPROVED BY TDA.				
SECTION H	Method of Payment (payable to Texas Department of Agriculture)				
	☐ Check # Cashier's Check #	Money Order #			
	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				
SECTIONI	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			
	¹ CHECKLIST				
SECTION J	Please use this checklist to ensure you are sending all of the necessary information and documents.				
G 2	Please note that an incomplete application may result in denial or delay in processing of the application.				