



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

**RPC-400**

TODD STAPLES, COMMISSIONER

<b>SEC. A</b>	<b><sup>1</sup> LICENSE TYPE</b>				
	<input type="checkbox"/> General \$365 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 Co.		<input type="checkbox"/> Government		
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Organization	Date (mm/dd/yy)	Initials
	<input type="checkbox"/> General Partnership				
	<b><sup>3</sup> CLIENT INFORMATION</b>				
	Full legal business name (owner’s name if a sole proprietor – no aliases)				
	D.B.A. (if applicable)				
Comptroller Taxpayer ID No. (In-state businesses)		Federal ID No. (Out-of-state businesses and nonprofit org.)			
<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.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 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>SECTION C</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	
<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>			
Address			
City		State     Zip	
Web Address of Business (optional)			

<b>SECTION D</b>	<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 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     <input type="checkbox"/> SAME AS CLIENT ADDRESS</b>		
	Address		
City		State     Zip	

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

<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 if address above is difficult to find				

<b>SECTION F</b>	<b><sup>1</sup> OUT-OF-STATE APPLICANTS ONLY</b>		
	An applicant for a Handling and Marketing of Perishable Commodities 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.		
	Please indicate your State of Charter		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list next page)		
	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 financial statement with this application.		

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

<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 principal ever been the licensee or a shareholder of more than 25 % of the shares, or an officer or director of any business or corporation against whom a claim was made under the Produce Recovery Fund?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state the name of the complainant		

<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 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

<b>SECTION I</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	

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

<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>