



**Texas Department of Agriculture**  
**Egg License Application**

**REG-200**

TODD STAPLES, COMMISSIONER

SECTION A	<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	Date (mm/dd/yy)	Initials
	<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Organization		
	<input type="checkbox"/> General Partnership				
	<b><sup>3</sup> CLIENT INFORMATION</b>				
	Full legal business name (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)			
<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.agr.state.tx.us">http://www.agr.state.tx.us</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			

SECTION 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	

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>SEC. B (CONT'D.)</b>	<b><sup>3</sup> RESPONSIBLE PERSON MAILING ADDRESS</b>		
	Address		
	City	State	Zip
Web Address of Business (optional)			

<b>SECTION C</b>	<b><sup>1</sup> PERSON TO CONTACT FOR LICENSE-RELATED MATTERS</b>		
	First Name	M. I.	Last Name
	Primary Phone ( ) - Ext.		Secondary Phone (optional) ( ) - Ext.
	Fax (optional) ( ) - Ext.		
	E-mail Address		
	<p>***Important Note*** 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</b>			
Address			
City	State	Zip	

<b>SECTION D</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			

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

<b>SECTION E</b>	<b><sup>1</sup> OUT-OF-STATE APPLICANTS ONLY</b>		
	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 <b>REQUIRED</b> if the address provided in Section C is out of state.		
	Who do you wish to designate as resident agent? <input type="checkbox"/> The Texas Secretary of State <input type="checkbox"/> Other (list below)		
	Resident Agent Name		
	Resident Agent Address		
City			
Zip			
Business Phone (    )    -			

<b>SEC. F</b>	<b><sup>1</sup> BUSINESS CLASSIFICATION</b>		
	<input type="checkbox"/> Dealer-Wholesaler – Complete Section G, #1		
	<input type="checkbox"/> Processor – Complete Section G, #2		
	<input type="checkbox"/> Broker (\$420) – Please skip to Section H		
Retailers selling eggs directly to consumers are <u>not</u> required to obtain a license.			

<b>SECTION G</b>	<b><sup>1</sup> DEALER-WHOLESALE CLASS</b>		
	Are you a packer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please provide USDA Plant No. (if applicable) _____		
	Estimated Average Weekly Volume (check only one)		
	<input type="checkbox"/> Class 1 (\$20) – 1 case (30 dozen eggs) or more, but less than 10 cases		
	<input type="checkbox"/> Class 2 (\$40) – 10 cases or more, but less than 50 cases		
	<input type="checkbox"/> Class 3 (\$60) – 50 cases or more, but less than 100 cases		
	<input type="checkbox"/> Class 4 (\$100) – 100 cases or more, but less than 200 cases		
	<input type="checkbox"/> Class 5 (\$180) – 200 cases or more, but less than 500 cases		
	<input type="checkbox"/> Class 6 (\$270) – 500 cases or more, but less than 1,000 cases		
<input type="checkbox"/> Class 7 (\$360) – 1,000 cases or more, but less than 1,500 cases			
<input type="checkbox"/> Class 8 (\$720) – 1,500 cases or more, but less than 3,000 cases			
<input type="checkbox"/> Class 9 (\$900) – 3,000 cases or more, but less than 4,500 cases			
<input type="checkbox"/> Class 10 (\$1200) – 4,500 cases or more, but less than 7,000 cases			
<input type="checkbox"/> Class 11 (\$1800) – 7,000 cases or more, but less than 10,000 cases			
<input type="checkbox"/> Class 12 (\$2400) – 10,000 cases or more			
<b><sup>2</sup> PROCESSOR CLASS</b>			
Estimated Average Weekly Volume (check only one)			
<input type="checkbox"/> Class 1 (\$60) – Less than 250 cases per week			
<input type="checkbox"/> Class 2 (\$120) – 250 cases or more, but less than 600 cases			
<input type="checkbox"/> Class 3 (\$210) – 600 cases or more, but less than 1,500 cases			
<input type="checkbox"/> Class 4 (\$420) – 1,500 cases or more			

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

<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

<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"/> Egg License Application <input type="checkbox"/> Fee (see instructions for assistance with calculating the correct fee.)
	<b>Please note that an incomplete application may result in processing delays.</b>