FDA USE ONLY

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

DHHS/FDA FOOD FACILITY REGISTRATION

(If entering by hand, use blue or black ink only.)

Date (mm/dd/yyyy)

,						
	Section 1 – T	YPE OF REGISTRATION				
1a.	DOMESTIC REGISTRATION	FOREIGN REGISTRATION				
1b.	☐ INITIAL REGISTRATION	UPDATE OF REGISTRATION INFORMATION				
1c.	BIENNIAL REGISTRATION RENEWAL					
	If update or biennial registration renewal, provide the Facility Registration Number and PIN	Facility Registration Number PIN				
	date of registration information: Check all that apply ther identify changes in the applicable sections	United States Agent Change - Foreign facilities only				
	Facility Name Change	Seasonal Facility Dates of Operation Change				
	Facility Address Change (See instructions)	Type of Activity Change				
	Preferred Mailing Address Change	Type of Storage Change				
	Parent Company Change	Human Food Product Category Change				
	Emergency Contact Change	Animal Food Product Category Change				
	Trade Name Change	Operator or Agent in Charge Change				
1d.	1d. ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? If "Yes," provide the following information, if known.					
Previou	s owner's name	Previous owner's registration number				
Facility		NAME/ADDRESS INFORMATION				
Facility	Street Address, Line 1					
Facility	Street Address, Line 2					
City		State (If applicable; if not, skip to Province/Territory)				
Provinc	e/Territory (<i>If applicable</i>)	ZIP or Postal Code				
Country		Phone Number (Include Area/Country Code)				
FAX Nu	mber (Optional; Include Area/Country Code)	E-Mail Address				

Section 3 – PREFERRED MAILING ADDRESS INFORMATION
- Complete this section only if different from Section 2 Facility Name/Address Information (OPTIONAL)

Name							
Street Address, Line 1							
Street Address, Line 2							
City	State (If applicable; if not, skip to Province/Territory)						
Province/Territory (If applicable)	ZIP or Postal Code						
Country	Phone Number (Include Area/Country Code)						
FAX Number (Optional; Include Area/Country Code)	E-Mail Address (Optional)						
	PANY NAME/ADDRESS INFORMATION different from Sections 2 and 3)						
If information is the same as another section, check which se	ction: Section 2 Section 3						
Name of Parent Company							
Street Address							
City	State (If applicable; if not, skip to Province/Territory)						
Province/Territory (If applicable)	ZIP or Postal Code						
Country	Phone Number (Include Area/Country Code)						
FAX Number (Optional; Include Area/Country Code)	E-Mail Address (Optional)						
Section 5 – FACILITY EME	ERGENCY CONTACT INFORMATION						
	ill use your U.S. agent as your emergency contact designate a different contact here.						
Individual Name (Optional)							
Title (Optional)							
E-Mail Address (Optional)	Emergency Contact Phone Number (Include Area/Country Code)						

Section 6 – TRADE NAMES - If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as").

Alternative Trade Name #1			
Alternative Trade Name #2			
rationally radio name #2			
Alternative Trade Name #3			
Alternative Trade Name #4			
Section 7 – UNITED STATES or Territory of the United State			
Name of U.S. Agent			
Title (Optional)			
Address, Line 1			
Address, Line 2			
City	State	ZIP Code	
U.S. Agent Phone Number (Include Area Code)		Emergency Contact Phone Numl	per (Include Area Code)
FAX Number (Optional; Include Area Code)		E-Mail Address	
Section 8 – SE	ASONAL FAC	ILITY DATES OF OPERATION	N (OPTIONAL)
Optional - Give the approximate dates that	at your facility is o	open for business, if its operations	are on a seasonal basis.
Dates of Operation (Optional; mm/dd/yyyy)			
Section 9 – TYPE OF STO	RAGE (for facil	ities that are primarily holders)	(OPTIONAL)
Ambient Storage (neither frozen nor refrig	erated)	Refrigerated Storage	Frozen Storage

Section 10a – GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)

To be completed by all food facilities. Please see instructions for further examples.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 39.	Warehouse/ Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified/ Low Acid Food Processor	Interstate Conveyance Caterer/ Catering Point	Molluscan Shellfish Establish- ment	Com- mis- sary	Contract Sterilizer	Labeler/ Relabeler	Manufacturer/ Processor	Repacker/ Packer	Salvage Operator (Recondi- tioner)
1. ACIDIFIED FOODS (AF) [21 CFR 114.3(b)]										
2. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]										
BABY (INFANT AND JUNIOR) FOOD PRODUCTS Including Infant Formula										
4. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]										
5. BEVERAGE BASES [21 CFR 170.3 (n) (3), (35)]										
6. CANDY WITHOUT CHOCOLATE, CANDY SPECIALTIES AND CHEWING GUM [21 CFR 170.3 (n) (6), (9), (25), (38)]										
7. CEREAL PREPARATIONS, BREAKFAST FOODS, QUICK COOKING/INSTANT CEREALS [21 CFR 170.3 (n) (4)]										
8. CHEESE AND CHEESE PRODUCT CATEGORIES [21 CFR 170.3 (n) (5)]										
a. Soft, Ripened Cheese										
b. Semi-Soft Cheese										
c. Hard Cheese										
d. Other Cheeses and Cheese Products										
9. CHOCOLATE AND COCOA PROUCTS [21 CFR 170.3 (n) (3), (9), (38), (43)]										
10. COFFEE AND TEA [21 CFR 170.3 (n) (3), (7)]										
11. COLOR ADDITIVES FOR FOODS [21 CFR 170.3 (o) (4)]										
12. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) [21 CFR 170.3 (n) (31)]										
13. DIETARY SUPPLEMENT CATEGORIES										
a. Proteins, Amino Acids, Fats and Lipid Substances [21 CFR 170.3 (o) (20)]										
b. Vitamins and Minerals										
c. Animal By-Products and Extracts										
d. Herbals and Botanicals										
14. DRESSING AND CONDIMENTS [21 CFR 170.3 (n) (8), (12)]										

Section 10a – TYPE OF ACTIVITY CONDUCTED AT THE FACLIITY and GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION (cont.)

TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility To be completed by all food regarding the manufacturing/processing, packing or holding of food. facilities. Please see instructions for further examples. Warehouse/ IF NONE OF THE MANDATORY Holding Facility Interstate Molluscan CATEGORIES BELOW APPLY, Acidified/ (e.g., storage Com-Conveyance Shellfish Contract Labeler/ Manufacturer/ Repacker/ Operator SELECT BOX 39. facilities, Low Acid mis-Caterer/ Establish-Sterilizer Relabeler Processor Packer (Recondiincluding Food sary Catering ment tioner) Processor storage tanks, Point grain elevators) 15. FISHERY/SEAFOOD PRODUCT CATEGORIES [21 CFR 170.3 (n) (13), (15), (39), (40)] a. Fin Fish, Whole or Filet b. Shellfish c. Ready to Eat (RTE) Fishery d. Processed and Other Fishery 16. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)] 17. FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)] 18. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]a. Fresh Cut Produce b. Raw Agricultural Commodities c. Other Fruit and Fruit Products 19. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)] 20. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)] 21. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)] 22. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)] 23. LOW ACID CANNED FOOD (LACF) PRODUCTS [21 CFR 113.3(n)] 24. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)] 25. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)] 26. MILK, BUTTER, OR DRIED MILK PRODUCTS

[21 CFR 170.3 (n) (12), (30), (31)]

Section 10a – TYPE OF ACTIVITY CONDUCTED AT THE FACLIITY and GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION (cont.)

TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility To be completed by all food regarding the manufacturing/processing, packing or holding of food. facilities. Please see instructions for further examples. Warehouse/ IF NONE OF THE MANDATORY Holding Facility Interstate Molluscan Salvage Acidified/ **CATEGORIES BELOW APPLY,** (e.g., storage facilities, Com-Conveyance Shellfish Contract Labeler/ Manufacturer/ Repacker/ Operator Low Acid SELECT BOX 39. mis-Caterer/ Establish-Sterilizer Relabeler Processor Packer (Recondiincluding Food sary Catering ment tioner) Processor storage tanks, grain elevators) 27. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40)] 28. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)] a. Nut and Nut Products b. Edible Seed and Edible Seed **Products** 29. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)] 30. SHELL EGG AND EGG PRODUCT CATEGORIES [21 CFR 170.3 (n) (11), (14)] a. Chicken Egg and Egg Products b. Other Eggs and Egg Products 31. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)] 32. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)] 33. SOUPS [21 CFR 170.3 (n) (39), (40)] 34 SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)] 35. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)] a. Fresh Cut Products b. Raw Agricultural Commodities c. Other Vegetable and Vegetable Products 36. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)] 37. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)] 38. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)] 39. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE).

Section 10b - GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (OPTIONAL)

1	To be completed by all animal food facilities. Please see instructions for further examples.	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.							
IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28.		Animal Food Manufacturer/ Processor	Warehouse/Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified/Low Acid Food Processor	Contract Sterilizer	Packer/ Repacker	Labeler/ Relabeler	Salvage Operator (Reconditioner)	Other Activity Conducted
	1. GRAIN OR GRAIN PRODUCTS (I.E., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS)								
	2. OILSEED OR OILSEED PRODUCTS (I.E., COTTONSEED, SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS)								
	3. ALFALFA PRODUCTS OR LESPEDEZA PRODUCTS								
	4. AMINO ACIDS OR RELATED PRODUCTS								
	5. ANIMAL-DERIVED PRODUCTS								
	6. BREWER PRODUCTS								
	7.CHEMICAL PRESERVATIVES								
	8. CITRUS PRODUCTS								
	9. DISTILLERY PRODUCTS								
	10. ENZYMES								
	11. FATS OR OILS								
	12. FERMENTATION PRODUCTS								
	13. MARINE PRODUCTS								
	14. MILK PRODUCTS								
	15. MINERALS OR MINERAL PRODUCTS								
	16. MISCELLANEOUS OR SPECIAL PURPOSE PRODUCTS								
	17. MOLASSES OR MOLASSES PRODUCTS								
	18. NON-PROTEIN NITROGEN PRODUCTS								
	19. PEANUT PRODUCTS								
	20. RECYCLED ANIMAL WASTE PRODUCTS								

Section 10b – TYPE OF ACTIVITY CONDUCTED AT THE FACILITY and GENERAL PRODUCT CATEGORIES - FOOD FOR ANIMAL CONSUMPTION (cont.)

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28.		TYPE OF ACTIVITY CONDUCTED AT THE FACILITY Optional - Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
		Animal Food Manufacturer/ Processor	Warehouse/Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified/Low Acid Food Processor	Contract Sterilizer	Packer/ Repacker	Labeler/ Relabeler	Salvage Operator (Reconditioner)	Other Activity Conducted		
	21. SCREENINGS										
	22. VITAMINS OR VITAMIN PRODUCTS										
	23. YEAST PRODUCTS										
	24. MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)										
	25. PET FOOD										
	26. PET TREATS OR PET CHEWS										
	27. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)										
	28. IF NONE OF THE ABOVE FOOD CATEGORIES APPLY, THEN PRINT THE APPLICABLE FOOD CATEGORY										
	OR CATEGORIES (THAT DOES NOT OR DO NOT APPEAR ABOVE).										
	Section 11 - OWNER, OPERATOR, OR AGENT-IN-CHARGE INFORMATION										
Name of Entity or Individual Who Is the Owner, Operator, or Agent-in-Charge											
Provide the following information, if different from all other sec			other sections on the fo	rm. If the in	formatio	n is the s	ame as	another sect	ion of		
the form, check which section. Section 2			on 2 Section	on 3	Se	ction 4		Section 7	,		
Street Address, Line 1											
Street Address, Line 2											
City		State (If applied	State (If applicable; if not, skip to Province/Territory)								
Province/Territory (If applicable)			ZIP or Postal	ZIP or Postal Code							
Cour	try	Phone Number	er (Include A	Area/Cou	ıntry Cod	le)					
FAX	Number (<i>Optional; Include Area/Cou</i>	E-Mail Addres	ss (Optional)							

DHHS/FDA FOOD FACILITY REGISTRATION Section 12 - INSPECTION STATEMENT FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act. Section 13 - CERTIFICATION STATEMENT The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator, or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C. 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties. Signature of Submitter Printed Name of Submitter Check One Box A. OWNER, OPERATOR OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION (FILL IN BELOW) If you checked Box B above, indicate who authorized you to submit the registration. OWNER, OPERATOR OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED) NAME OF INDIVIDUAL WHO AUTHORIZED REGISTRATION ON BEHALF OF OWNER, OPERATOR, OR AGENT IN CHARGE (FILL IN ADDRESS BELOW) Address Information for the Authorizing Individual Authorizing Individual Street Address, Line 1 Authorizing Individual Street Address, Line 2 City State (If applicable; if not, skip to Province/Territory) Province/Territory (If applicable) ZIP or Postal Code Country Phone Number (Include Area/Country Code) FAX Number (Optional; Include Area/Country Code) E-Mail Address (Optional)

MAIL COMPLETED FORM FDA 3537 TO U.S. FOOD AND DRUG ADMINISTRATION, HFS-681, 5100 PAINT BRANCH PARKWAY, COLLEGE PARK, MD 20993, OR FAX IT TO 301-436-2804

FDA USE ONLY					
Date Registration Form Received	Date Notification Sent to Facility				

OMB Paperwork Reduction Act Statement

This section applies only to requirements of the Paperwork Reduction Act of 1995. *DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF ADDRESS.*

The burden for this collection of information is estimated to average between 1 and 12 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to the following address:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
1350 Piccard Drive, Room 400
Rockville, MD 20850

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."