

Form Approval: OMB No. 0910-xxxx

Expiration Date:

See OMB Statement at end of form

DHHS/FDA - DRAFT FOOD FACILITY REGISTRATION FORM

Section 4 - PARENT COMPANY NAME / ADDRESS INFORMATION (IF APPLICABLE)	
NAME OF PARENT COMPANY:	
STREET ADDRESS OF PARENT COMPANY:	
CITY:	STATE:
ZIP CODE (POSTAL CODE):	PROVINCE/TERRITORY:
COUNTRY:	PHONE NUMBER (If a foreign facility, include Area & Country Codes):
FAX NUMBER (If available; if a foreign facility, include Area & Country Codes):	E-MAIL ADDRESS (if available):
Section 5 - FACILITY EMERGENCY CONTACT INFORMATION	
INDIVIDUAL'S NAME:	
TITLE:	OFFICE PHONE (If a foreign facility, include Area & Country Codes):
HOME PHONE (If a foreign facility, include Area & Country Codes):	CELL PHONE (if available; if a foreign facility, include Area & Country Codes):
E-MAIL ADDRESS (if available):	
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")):	
ALTERNATE TRADE NAME #1:	
ALTERNATE TRADE NAME #2:	
Section 7 - UNITED STATES AGENT (TO BE COMPLETED BY FACILITIES LOCATED OUTSIDE ANY STATE OR TERRITORY OF THE UNITED STATES, THE DISTRICT OF COLUMBIA, OR THE COMMONWEALTH OF PUERTO RICO.)	
NAME OF UNITED STATES AGENT:	
TITLE:	
ADDRESS:	
CITY:	STATE:
ZIP CODE:	COUNTRY:
PHONE NUMBER (include Area Code):	
FAX NUMBER (if available; include Area Code):	
E-MAIL ADDRESS (if available):	