

Form Approval: OMB No. 0910-xxxx

Expiration Date:

See OMB Statement at end of form

DHHS/FDA - FOOD FACILITY REGISTRATION FORM

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:

ALTERNATE TRADE NAME #3:

ALTERNATE TRADE NAME #4:

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 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 NUMBER (Include Area Code):

FAX NUMBER (OPTIONAL; Include Area Code):

E-MAIL ADDRESS (OPTIONAL):

Section 8 - SEASONAL FACILITY DATES OF OPERATION

(GIVE THE APPROXIMATE DATES THAT YOUR FACILITY IS OPEN FOR BUSINESS, IF ITS OPERATIONS ARE ON A SEASONAL BASIS) (OPTIONAL)

DATES OF OPERATION: