FDA FOOD FACILITY REGISTRATION INTAKE

STEP 0 - REGISTRATION TYPE

☐ Domestic Facility ☐ Foreign Facility

STEP 1 - CONTACT INFORMATION

First Name *

Last Name *

Email Address *

Phone Number *

STEP 2 - FACILITY INFORMATION

Confirm facility is engaged in manufacturing, packing, or holding of foods? *

☐ Yes ☐ No

Previously registered? *

If Yes: FDA Registration Number

If Yes: FDA Registration PIN

Legal Facility Name *

Suffix (LLC, Inc, Corp, etc.) *

DBA / Trade Name

DUNS Number (if applicable)

Do you have a DUNS number? *

☐ I already have a DUNS ☐ I do not have a DUNS

FACILITY ADDRESS

Street Address *

City *

State / Province *

ZIP / Postal Code *

Country *

Facility Phone *

Facility Email *

STEP 3 - MAILING ADDRESS

Is mailing address different from facility address? *

☐ Yes ☐ No

Mailing Street Address / City / State / ZIP / Country

STEP 4 - PARENT COMPANY

Does this facility have a parent company with a different address? *

☐ Yes ☐ No

Parent Company Name / Address / Contact Info

STEP 5 - PRODUCTS & OPERATIONS

Describe your products (What food or dietary supplements do you handle?) *

Describe the operations you perform (e.g., manufacturing, labeling, storage) *

Consumption Type (Select all that apply) *

☐ Food for Human Consumption ☐ Food for Animal Consumption

Select Operations (Select all that apply) *

☐ Manufacturer
☐ Packer
☐ Contract sterilizer
☐ Ambient storage
☐ Labeller
☐ Frozen food storage
☐ Low acid processor
☐ Refrigerated warehouse
☐ Farm-mixed type
☐ Interstate carrier
☐ Acidified processor
☐ Distributor
☐ Importer
☐ Trader

STEP 6 - RESPONSIBLE PERSON & AUTHORIZING SUBMITTER

Responsible Person: First & Last Name *

Official Title (Manager, CEO, etc.) *

Submitter info (Name, Address, Phone, Email) if different from above

STEP 7 - U.S. AGENT (FOREIGN FACILITIES ONLY)

☐ Yes, I already have a U.S. Agent ☐ No, I need a U.S. Agent

Agent Company / Name / Address / Phone / Email

☐ Approve MB LCB to assign a partner agent if there is not one

STEP 8 - TERMS, CERTIFICATION & SIGNATURE

I authorize MB LCB to prepare and submit my FDA food facility registration. I confirm all info is accurate and acknowledge requirement for DUNS and biennial renewals.

☐ I have read and agree to the terms and conditions
☐ I authorize MB LCB to proceed

Electronic Signature (Type Full Name) *

Date *