	Form Approval: OMB No.	0910-0502; Expiration Date: 03/31/2013; See PRA Statement on page 10.
	DEPARTMENT OF HEALTH AND HUMAN SEF Food and Drug Administration DHHS/FDA FOOD FACILITY REGIS (If entering by hand, use blue or black ink	TRATION
Date (r	nm/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
	odate of registration information: Check all that apply inther 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.	ARE YOU THE NEW OWNER OF A PREVIOUSLY If "Yes," provide the following information, if know	
Previo	us owner's name	Previous owner's registration number
	Section 2 – FACILITY	NAME/ADDRESS INFORMATION
Facility	v Name	
Facility	v Street Address, Line 1	
Facility	v 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

### 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)

(If applicable and if different			
If information is the same as another section, check which section:	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 EMERGENCY CONTACT INFORMATION

Optional for foreign facilities; FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

Individual Name (Optional)

Title (Optional)

E-Mail Address (Optional)

### 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

Alternative Trade Name #3

Alternative 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)	I	Emergency Contact Phone Number (Include Area Code)
FAX Number (Optional; Include Area Code)		E-Mail Address

### Section 8 – SEASONAL FACILITY DATES OF OPERATION (OPTIONAL)

Optional - Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis.

Dates of Operation (Optional; mm/dd/yyyy)

### Section 9 – TYPE OF STORAGE (for facilities that are primarily holders) (OPTIONAL)

Ambient Storage (neither frozen nor refrigerated)

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)]										
3. 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.)

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)
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 Products										
d. Processed and Other Fishery Products										
16. FOOD ADDITIVES, GENERALLY RECOGNIZED AS SAFE ( <i>GRAS</i> ) 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 ( <i>NUTRITIVE</i> ) [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 <i>(LACF)</i> PRODUCTS [21 CFR 113.3(n)]										
24. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]										
25. MEAT, MEAT PRODUCTS AND POULTRY <i>(FDA REGULATED)</i> [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)]										

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

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)
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										
<ul> <li>b. Edible Seed and Edible Seed Products</li> </ul>										
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 ( <i>FLOUR,</i> <i>MEAL OR VEGETABLE BASE</i> ) [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 <i>(FLOURS)</i> , 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)*

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.	Optional - Check all types	TYPE OF ACTIVITY CONDUCTED AT THE FACILITY - 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		
	21. SCREENINGS										
	22. VITAMINS OR VITAMIN PRODUCTS										
	23. YEAST PRODUCTS										
	24. MIXED FEED <i>(E.G., POULTRY, LIVESTOCK, EQUINE)</i>										
	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										
Provi	e of Entity or Individual Who Is the C de the following information, if difference form, check which section.		other sections on the fo	orm. If the in		n is the s	ame as a	another secti			
01											
Stree	t Address, Line 1										
Stree	t Address, Line 2										
			1								
City			State (If applied	cable; if not,	skip to i	Province	/Territory	1)			
Provi	nce/Territory (If applicable)		ZIP or Postal	Code							
Coun	try		Phone Numbe	er (Include A	Area/Cou	intry Cod	le)				
FAX	Number ( <i>Optional; Include Area/Cou</i>	untry Code)	E-Mail Addres	ss (Optional)	)						

### 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
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### **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."