



Date:04/15/2025 10:00:17

Please review the registration.

Created Date

2024-10-17 06:12:06.0

Created by

ews6211

Registration Expiration Date

2026-12-31

Registration Renewed Date

Last Modified by

vig61113

Last Updated

2025-04-15

Last Modified by Company

FRANCOIS PARENT

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes  No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes  No

### Section 1: Type of Registration

Facility Location: **Foreign Registration**

Initial Registration **10807500922** Pin No **gfd49Cxj**

Are you the new owner of a previously registered facility?

Yes  No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number:

### Section 2: Facility Name/Address Information

Facility Name

FRANCOIS PARENT

Telephone Number

033 380 226185

Facility Name Suffix

Fax Number

Company

Facility Street Address, Line 1

MAISON PARENT GROS

E-Mail Address

cparentgros@gmail.com

Facility Street Address, Line 2

1 PLACE DE L EUROPE

Unique Facility Identifier (UFI)

502103380

City

POMMARD

State/Province/Territory

Bourgogne-Franche-Comte



Zip Code (Postal Code)

**21630**

Country/Area

**FRANCE**

### Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name

**FRANCOIS PARENT**

Telephone Number

**033 380 226185**

Address, Line 1

**MAISON PARENT GROS**

Fax Number

Address, Line 2

**1 PLACE DE L EUROPE**

E-Mail Address

**cparentgros@gmail.com**

City

**POMMARD**

State/Province/Territory

**Bourgogne-Franche-Comte**

Zip Code (Postal Code)

**21630**

Country/Area

**FRANCE**

### Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

Same as Facility Address (Section 2)

Same as Preferred Mailing Address (Section 3)

None of the above

Company Name

**FRANCOIS PARENT**

Telephone Number

**033 380 226185**

Company Name Suffix

**Company**

Fax Number

Address, Line 1

**MAISON PARENT GROS**

E-Mail Address

**cparentgros@gmail.com**

Address, Line 2

**1 PLACE DE L EUROPE**

City

**POMMARD**

State/Province/Territory

**Bourgogne-Franche-Comte**



Zip Code (Postal Code)

**21630**

Country/Area

**FRANCE**

### Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)  
 Same as U.S. Agent Information (Section 7)  
 None of the above

Individual's Title (Optional)

Emergency Contact Phone

**033 380 226185**

Individual's Name (Optional)

E-Mail Address

**cparentgros@gmail.com**

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (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"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

- Yes  
 No

### Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

U.S. Agent ID

**USID2790352**

Emergency Contact Phone

**732 8507639**

Name

**Hillebrand Gori USA LLC**

Fax Number

Address, Line 1

**2147 Route 27 Ste 401**

E-Mail Address

**FDAUSR@HILLEBRANDGORI.COM**

Address, Line 2

City

**Edison**

State/Province/Territory

**New Jersey**

Zip Code (Postal Code)

**08817**

Country/Area

**UNITED STATES**



**Section 8: Seasonal Facility Dates of Operation (Optional)**

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

Harvest 1  
 Start Month **September** End Month **October**

Harvest 2  
 Start Month End Month

**Section 9: General Product Categories - Human/Animal/Both**

Food for Human Consumption  Food for Animal Consumption

**Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility**

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
1. ALCOHOLIC BEVERAGES <sup>[21 CFR 170.3 (n) (2)]</sup>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 10: Owner, Operator, or Agent-in-Charge Information**

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: FRANCOIS PARENT

Address, Line 1 **MAISON PARENT GROS** Telephone Number **033 380 226185**

Address, Line 2 **1 PLACE DE L EUROPE** Fax Number



City  
**POMMARD**

E-Mail Address  
**cparentgros@gmail.com**

State/Province/Territory  
**Bourgogne-Franche-Comte**

Zip Code (Postal Code)  
**21630**

Country/Area  
**FRANCE**

### Section 11: 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 12: 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.

**NAME OF PERSON SUBMITTING THIS REGISTRATION FORM:** Hillebrand gori

#### CHECK ONE BOX

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)
- B. ANOTHER AUTHORIZED INDIVIDUAL

#### Address Information for the Authorizing Individual:

Same as Section 10

Individual's Name	Telephone Number
<b>FRANCOIS PARENT</b>	<b>033 380 226185</b>
Address, Line 1	Fax Number
<b>MAISON PARENT GROS</b>	
Address, Line 2	E-Mail Address
<b>1 PLACE DE L EUROPE</b>	<b>cparentgros@gmail.com</b>
City	
<b>POMMARD</b>	
State/Province/Territory	
<b>Bourgogne-Franche-Comte</b>	
Zip Code (Postal Code)	
<b>21630</b>	
Country/Area	
<b>FRANCE</b>	

