

Date: Oct 17, 2024 5:31:41 AM

Section 1 Type of Registration

1a.	FOREIGN REGISTRATION	
1b.	INITIAL REGISTRATION: 19468948234	PIN NUMBER:xA5E8BbE
ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? <input type="radio"/> Yes <input checked="" type="radio"/> No		
1c.	PREVIOUS OWNER'S TITLE : PREVIOUS OWNER'S NAME : PREVIOUS OWNER'S REGISTRATION NUMBER :	

Section 2 Facility Name/Address Information

FACILITY NAME: FRANCOIS PARENT

FACILITY NAME SUFFIX: Company

FACILITY STREET ADDRESS, Line1: MAISON PARENT GROS

FACILITY STREET ADDRESS, Line2: 1 PLACE DE L EUROPE

CITY: POMMARD STATE/PROVINCE/TERRITORY: Bourgogne-Franche-Comte

ZIP CODE (POSTAL CODE): 21630

COUNTRY/AREA: FRANCE

PHONE NUMBER (Include Area/Country Code): 33 661 179537

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: cparentgros@gmail.com

Section 3 Preferred Mailing Address Information

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

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

NAME: FRANCOIS PARENT

ADDRESS, Line1: MAISON PARENT GROS

ADDRESS, Line2: 1 PLACE DE L EUROPE

CITY: POMMARD STATE/PROVINCE/TERRITORY: Bourgogne-Franche-Comte

ZIP CODE (POSTAL CODE): 21630

COUNTRY/AREA: FRANCE

PHONE NUMBER (Include Area/Country Code): 33 661 179537

FAX NUMBER (Include Area/Country Code):

E-MAIL ADDRESS: cparentgros@gmail.com

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:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- None of the above

NAME OF PARENT COMPANY: FRANCOIS PARENT

PARENT COMPANY SUFFIX: Company

STREET ADDRESS OF PARENT COMPANY, Line 1: MAISON PARENT GROS

STREET ADDRESS OF PARENT COMPANY, Line2: 1 PLACE DE L EUROPE

CITY: POMMARD	STATE/PROVINCE/TERRITORY: Bourgogne-Franche-Comte
ZIP CODE (POSTAL CODE): 21630	
COUNTRY/AREA: FRANCE	
PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 33 661 179537	

FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code):

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: cparentgros@gmail.com

Section 5 Emergency Contact Information

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

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:	INDIVIDUAL'S TITLE OTHER:
INDIVIDUAL'S NAME:	
INDIVIDUAL'S MIDDLE NAME:	
INDIVIDUAL'S LAST NAME:	
TITLE:	
EMERGENCY CONTACT PHONE (Include Area/Country Code): 33 661 179537	
E-MAIL ADDRESS: cparentgros@gmail.com	

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:

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)

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.

For Harvest 1

Start Month: _____ End Month: _____

For Harvest 2

Start Month: _____ End Month: _____

Section 9 General Product Categories - HUMAN/ANIMAL/BOTH

Food for Human Consumption Food for Animal Consumption

Section 9a Food for Human Consumption

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.												
	Ambient Food	Refriger Food	Frozen Food	Acidified Food	Low Acid	Interstate Conveya	Contract Sterilize	Labeler /	Manufac /	Repacke /	Salvage Operator	Farm Mixed-	Other Activity

	MEATS) [21 CFR 170.3 (n) (33)]													
<input type="checkbox"/>	36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	37. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the food categories listed above do not apply, then print the applicable food category or categories.

Other Activity Conducted

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:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Caroline Parent

STREET ADDRESS, Line 1: MAISON PARENT GROS

STREET ADDRESS, Line 2: 1 PLACE DE L EUROPE

CITY: POMMARD STATE/PROVINCE/TERRITORY: Bourgogne-Franche-Comte

ZIP CODE (POSTAL CODE): 21630

COUNTRY/AREA: FRANCE

PHONE NUMBER (Include Area/Country Code): 33 661 179537

FAX NUMBER (OPTIONAL; Include Area/Country Code):

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): cparentgros@gmail.com

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 the Submitter: Hillebrand Gori

CHECK ONE BOX

A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)

B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): -N/A-