

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 10/11/2016 3:57:38

Please review the registration.

Created Date 2014-10-02 04:28:44.0	Created by ser19456
Registration Expiration Date 2018-12-31	Registration Renewed Date 2016-10-04
Last Updated 2016-10-04	Last Modified by ser36590
Last Modified by Company CAROLINE PARENT ET ASSOCIES	
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

Section 1: Type of Registration

Facility Location: **Foreign Registration**

FACILITY REGISTRATION NUMBER **13103653998** Pin No **adhD0cAc**

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 CAROLINE PARENT ET ASSOCIES	Telephone Number 033 380 221512
Facility Name Suffix Company	Fax Number
Facility Street Address, Line 1 10 B RUE DES NAIGEONS	E-Mail Address cparentgros@yahoo.fr
Facility Street Address, Line 2	
City Beaune	
State/Province/Territory Cote-dOr	
Zip/Postal Code 21200	
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 CAROLINE PARENT ET ASSOCIES	Telephone Number 033 380 221512
Address, Line 1	Fax Number

10 B RUE DES NAIGEONS

Address, Line 2

City

Beaune

State/Province/Territory

Cote-dOr

Zip Code (Postal Code)

21200

Country/Area

FRANCE

E-Mail Address

cparentgros@yahoo.fr**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

CAROLINE PARENT ET ASSOCIES

Telephone Number

033 380 221512

Company Name Suffix

Company

Fax Number

E-Mail Address

cparentgros@yahoo.fr

Address, Line 1

10 B RUE DES NAIGEONS

Address, Line 2

City

Beaune

State/Province/Territory

Cote-dOr

Zip Code (Postal Code)

21200

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)

Mrs

Emergency Contact Phone

033 380 221512

Individual's Name (Optional)

CAROLINE

E-mail Address

cparentgros@yahoo.fr

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

PARENT**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

Alternate Trade Name #1: **CAROLINE PARENT**

Alternate Trade Name #2: **MAISON PARENT GROS**

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)

Name	Telephone Number
JF HILLEBRAND	732 3880101
Address, Line 1	Emergency Contact Phone
1600 ST GEORGE AVENUE	732 3880101
Address, Line 2	Fax Number
	732 3880631
City	E-Mail Address
Rahway	fdausr@hillebrandgroup.com
State/Province/Territory	
New Jersey	
Zip Code (Postal Code)	
07065-2531	
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	End Month
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

Selected Product Name	Selected Activity Types
1. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	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 Processor; Low-Acid Food Processor; Interstate Conveyance Caterer / Catering Point; Contract Sterilizer; Labeler / Relabeler; Manufacturer / Processor; Packer / Repacker; Salvage Operator (Reconditioner); Farm Mixed-Type Facility;
34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators); Manufacturer / Processor;

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: **CAROLINE PARENT**

Address, Line 1	Telephone Number
10 B RUE DES NAIGEONS	033 380 221512

Address, Line 2

Fax Number

City

Beaune

E-Mail Address

cparentgros@yahoo.fr

State/Province/Territory

Cote-dOr

Zip Code (Postal Code)

21200

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: JF HILLEBRAND**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:

Individual's Name

-N/A-

Telephone Number

-N/A-

Address, Line 1

-N/A-

Fax Number

-N/A-

Address, Line 2

-N/A-

E-Mail Address

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-