

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 10/11/2016 3:55:37

Please review the registration.

Created Date <b>2013-04-04 10:17:13.0</b>	Created by <b>ser19456</b>
Registration Expiration Date <b>2018-12-31</b>	Registration Renewed Date <b>2016-10-04</b>
Last Updated <b>2016-10-04</b>	Last Modified by <b>ser36590</b>
Last Modified by Company <b>SARL FRANCOIS PARENT</b>	
Registration Status <b>VALID</b>	

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 **19720811120** Pin No **6fC4F223**

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 <b>SARL FRANCOIS PARENT</b>	Telephone Number <b>033 380 226185</b>
Facility Name Suffix <b>Company</b>	Fax Number <b>033 380 240316</b>
Facility Street Address, Line 1 <b>14 Bis Rue Pierre Joigneaux</b>	E-Mail Address <b>francois@parent-pommard.com</b>
Facility Street Address, Line 2	
City <b>Beaune</b>	
State/Province/Territory <b>Cote-dOr</b>	
Zip/Postal Code <b>21200</b>	
Country/Area <b>FRANCE</b>	

### 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 <b>SARL FRANCOIS PARENT</b>	Telephone Number <b>033 380 226185</b>
Address, Line 1	Fax Number

**14 Bis Rue Pierre Joigneaux****033 380 240316**

Address, Line 2

E-Mail Address

City

**francois@parent-pommard.com****Beaune**

State/Province/Territory

**Cote-dOr**

Zip Code (Postal Code)

**21200**

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

**SARL FRANCOIS PARENT**

Telephone Number

**033 380 226185**

Company Name Suffix

**Company**

Fax Number

**033 380 240316**

Address, Line 1

**14 Bis Rue Pierre Joigneaux**

E-Mail Address

**francois@parent-pommard.com**

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)

**Mr**

Emergency Contact Phone

**033 380 226185**

Individual's Name (Optional)

**FRANCOIS**

E-mail Address

**francois@parent-pommard.com**

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: **MATHIAS PARENT**

**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 <b>JF HILLEBRAND</b>	Telephone Number <b>732 3880101</b>
Address, Line 1 <b>1600 ST GEORGE AVENUE</b>	Emergency Contact Phone <b>732 3880101</b>
Address, Line 2 <b>PO BOX 1224D</b>	Fax Number <b>732 3880631</b>
City <b>Rahway</b>	E-Mail Address <b>fdausr@hillebrandgroup.com</b>
State/Province/Territory <b>New Jersey</b>	
Zip Code (Postal Code) <b>07065</b>	
Country/Area <b>UNITED STATES</b>	

**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;

**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: ANNE FRANCOISE GROS

Address, Line 1 <b>14 Bis Rue Pierre Joigneaux</b>	Telephone Number <b>033 380 226185</b>
Address, Line 2	Fax Number <b>033 380 240316</b>
City <b>Beaune</b>	E-Mail Address <b>francois@parent-pommard.com</b>

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-**