

Food Facility Registration Module

[FURLS Home](#)
[FFRM Home](#)

Step 01 Step 02 Step 03 Step 04 Step 05 Step 06 Step 07 Step 08 Step 09 Step 10 Step 11 Step 12

>>>

[Get Help ?](#)

Please review your registration. If all information is correct, click the **Submit** button below. To make changes to a section, click the **Edit** button for that section.

Date: 10/09/2014 9:19:29

Created Date: 2013-04-04 10:17:13.0	Created by: ser19456
Registration Expiration Date: 2016-12-31	Registration Renewed Date: 2014-10-09
Last Updated: 2014-10-09	
Registration Status: VALID	
Registration Status Reason: Biennial Registration Renewal	

Are you a manufacturer, processor, or packer of food for human or animal consumption in the United States or do you hold such products? Yes No

SECTION 1 TYPE OF REGISTRATION

1a. FOREIGN REGISTRATION

1b. UPDATE OF REGISTRATION INFORMATION: Registration number: 19720811120 Pin No 61C4F223 [Modify Pin](#)

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? Yes No

1c. PREVIOUS OWNER'S TITLE: PREVIOUS OWNER'S NAME: PREVIOUS OWNER'S REGISTRATION NUMBER:

SECTION 2 FACILITY NAME / ADDRESS INFORMATION EDIT

FACILITY NAME: SARL FRANCOIS PARENT

FACILITY NAME SUFFIX: Company FACILITY NAME SUFFIX OTHER:

FACILITY STREET ADDRESS, Line 1: 14 Bis Rue Pierre Joigneaux

FACILITY STREET ADDRESS, Line 2:

CITY: Beaune STATE/PROVINCE/TERRITORY: Cote-dOr

ZIP CODE (POSTAL CODE): 21200

COUNTRY/AREA: FRANCE

PHONE NUMBER (Include Area/Country Code): 033 380 226185

FAX NUMBER (Optional; Include Area/Country Code): 033 380 240316

E-MAIL ADDRESS: francois@parent-pommard.com

SECTION 3 PREFERRED MAILING ADDRESS INFORMATION (Optional) EDIT

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

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

NAME: SARL FRANCOIS PARENT Company

ADDRESS, Line 1: 14 Bis Rue Pierre Joigneaux

ADDRESS, Line 2:

CITY: Beaune STATE/PROVINCE/TERRITORY: Cote-dOr

ZIP CODE (POSTAL CODE): 21200

COUNTRY/AREA: FRANCE

PHONE NUMBER (Include Area/Country Code): 033 380 226185

FAX NUMBER (Optional; Include Area/Country Code): 033 380 240316

E-MAIL ADDRESS (Optional): francois@parent-pommard.com

SECTION 4 PARENT COMPANY NAME/ADDRESS INFORMATION AND TRADE NAMES EDIT

(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: SARL FRANCOIS PARENT

PARENT COMPANY SUFFIX: Company PARENT COMPANY SUFFIX OTHER:

STREET ADDRESS OF PARENT COMPANY, Line 1: 14 Bis Rue Pierre Joigneaux

STREET ADDRESS OF PARENT COMPANY, Line 2:

CITY: Beaune STATE/PROVINCE/TERRITORY: Cote-dOr

ZIP CODE (POSTAL CODE): 21200

COUNTRY/AREA: FRANCE

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): 033 380 226185

FAX # OF INDIVIDUAL AT PARENT COMPANY (Optional; Include Area/Country Code): 033 380 240316

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY (Optional): francois@parent-pommard.com

(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: MATHIAS PARENT

SECTION 5 FACILITY EMERGENCY CONTACT INFORMATION EDIT

INDIVIDUALS TITLE (Optional): Mr INDIVIDUALS TITLE OTHER:

INDIVIDUALS NAME (Optional): FRANCOIS

INDIVIDUALS MIDDLE NAME (Optional):

INDIVIDUALS LAST NAME (Optional): PARENT

TITLE (Optional):

EMERGENCY CONTACT PHONE (Include Area/Country Code): 033 380 226185

E-MAIL ADDRESS (Optional): francois@parent-pommard.com

SECTION 6 TRADE NAMES

In the electronic version of FDA Form 3537, Section 6 (Trade Names) has been merged with Section 4 (Parent Company Name/Address Information).

SECTION 7 UNITED STATES AGENT EDIT

(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 OF U.S. AGENT: JF HILLEBRAND

ADDRESS, Line 1: 1600 ST GEORGE AVENUE

ADDRESS, Line 2: PO BOX 1224D

CITY: Rahway STATE: New Jersey

ZIP CODE (POSTAL CODE): 07065 COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): 732 3880101

EMERGENCY CONTACT PHONE NUMBER (Include Area Code): 732 3880101

FAX NUMBER (Optional; Include Area Code): 732 3880631

EMAIL ADDRESS: fdausr@hillebrandgroup.com

SECTION 8 SEASONAL FACILITY DATES OF OPERATION (Optional) EDIT

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 TYPE OF STORAGE (FOR FACILITIES THAT ARE PRIMARILY HOLDERS) (OPTIONAL) EDIT

Ambient (neither frozen nor refrigerated) Storage

Refrigerated Storage

Frozen Storage

SECTION 10 GENERAL PRODUCT CATEGORIES - HUMAN/ANIMAL/BOTH EDIT

Food for Human Consumption Food for Animal Consumption

SECTION 10a GENERAL PRODUCT CATEGORIES - FOOD FOR HUMAN CONSUMPTION; and TYPE OF ACTIVITY CONDUCTED AT THE FACILITY? (OPTIONAL) EDIT

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.										
	Warehouse / Holding Facility (e.g. storage facilities, including storage tanks, grain elevators)	Acidified / Low Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Molluscan Shellfish Establishment	Commissary	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Repacker / Packer	Salvage Operator (Reconditioner)	
<input checked="" type="checkbox"/> 2. ALCOHOLIC BEVERAGES [21 CFR 170.3 (n) (2)]	<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 checked="" type="checkbox"/>

SECTION 11 OWNER, OPERATOR, OR AGENT-IN-CHARGE INFORMATION EDIT

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: ANNE FRANCOISE GROS

STREET ADDRESS, Line 1: 14 Bis Rue Pierre Joigneaux

STREET ADDRESS, Line 2:

CITY: Beaune STATE/PROVINCE/TERRITORY: Cote-dOr

ZIP CODE (POSTAL CODE): 21200

COUNTRY/AREA: FRANCE

PHONE NUMBER (Include Area/Country Code): 033 380 226185

FAX NUMBER (Optional; Include Area/Country Code): 033 380 240316

E-MAIL ADDRESS (Optional): francois@parent-pommard.com

SECTION 12 INSPECTION STATEMENT EDIT

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 EDIT

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

B. INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION

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): -N/A-

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

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line 2: -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 (Optional): -N/A-

Cancel << >> Submit

