

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 09/23/2016 3:13:44

Please review the registration.

Created Date
2014-10-02 04:28:44.0

Created by
ser19456

Registration Expiration Date
2016-12-31

Registration Renewed Date

Last Updated
2014-10-02

Last Modified by
FEI_NUMBER_UPDATE

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 Company

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

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

- Yes** **No**

(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: **MAISON PARENT GROS**Alternate Trade Name #2: **CAROLINE PARENT****Section 5: Facility Emergency Contact Information**Individual's Title (*Optional*)**Mrs**

Emergency Contact Phone

033 380 221512Individual's Name (*Optional*)**CAROLINE**

E-mail Address

cparentgros@yahoo.frIndividual's Middle Name (*Optional*)Job Title (*Optional*)Individual's Last Name (*Optional*)**PARENT****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). Proceed to next section.

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 JF HILLEBRAND	Telephone Number 732 3880101
Address, Line 1 1600 ST GEORGE AVENUE	Emergency Contact Phone 732 3880101
Address, Line 2	Fax Number 732 3880631
City Rahway	E-Mail Address 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: Type of Storage (Optional)

Ambient (neither frozen nor refrigerated) Storage

Refrigerated Storage

Frozen Storage

Section 10: General Product Categories - Human/Animal/Both

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)

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 39.	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	Packer / Repacker	Salvage Operator (Reconditioner)
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<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 type="checkbox"/>	<input type="checkbox"/>

Section 11: 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
10 B RUE DES NAIGEONS

Telephone Number
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 12: 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 13: 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. 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)

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-