

# FDA | U.S. Food and Drug Administration

## Food Facility Registration

Date: 09/23/2016 3:11:19

Please review the registration.

Created Date <b>2013-04-04 10:17:13.0</b>	Created by <b>ser19456</b>
Registration Expiration Date <b>2016-12-31</b>	Registration Renewed Date <b>2014-10-09</b>
Last Updated <b>2014-10-09</b>	Last Modified by <b>ser19456</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 Company</b>	Telephone Number <b>033 380 226185</b>
Address, Line 1	Fax Number

<b>14 Bis Rue Pierre Joigneaux</b>	<b>033 380 240316</b>
Address, Line 2	E-Mail Address
City	<b>francois@parent-pommard.com</b>
<b>Beaune</b>	
State/Province/Territory	
<b>Cote-dOr</b>	
Zip Code (Postal Code)	
<b>21200</b>	
Country/Area	
<b>FRANCE</b>	

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

Are 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: **MATHIAS PARENT**

**Section 5: Facility Emergency Contact Information**

Individual's Title (Optional)	Emergency Contact Phone
<b>Mr</b>	<b>033 380 226185</b>
Individual's Name (Optional)	E-mail Address
<b>FRANCOIS</b>	<b>francois@parent-pommard.com</b>
Individual's Middle Name (Optional)	Job Title (Optional)
Individual's Last Name (Optional)	
<b>PARENT</b>	

**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 <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>fdaur@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: 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"/>

**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: 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 <b>Cote-dOr</b>	
Zip Code (Postal Code) <b>21200</b>	
Country/Area <b>FRANCE</b>	

**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 <b>-N/A-</b>	Telephone Number <b>-N/A-</b>
Address, Line 1 <b>-N/A-</b>	Fax Number <b>-N/A-</b>
Address, Line 2 <b>-N/A-</b>	E-Mail Address <b>-N/A-</b>
City <b>-N/A-</b>	
State/Province/Territory <b>-N/A-</b>	
Zip Code (Postal Code) <b>-N/A-</b>	
Country/Area <b>-N/A-</b>	