

PROCESSED FOOD REGISTRATION APPLICATION (FOR PROCESSORS, MANUFACTURERS, REPACKERS, AND WAREHOUSERS OF PROCESSED FOOD)

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED
See Page 2 for Instructions.

NEW APPLICANT RENEWAL APPLICANT OWNERSHIP CHANGE RELOCATION PREVIOUS ADDRESS

1. Name of Firm			9. Business Operator (name and title)		
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Business Telephone Number ()	11. Business FAX Number ()	
3. Facility Address (number, street)			12. 24-Hour Emergency Telephone Number ()	13. E-Mail Address	
4. Facility Address (continued)			14. Correspondent (name and title)		
5. City	State	ZIP Code	15. Correspondent Telephone Number ()	16. Correspondent FAX Number ()	
6. Mailing Address (if different or P.O. Box number)			17. Country (if other than United States)		
7. Mailing Address (continued)			18. Website (URL)		
8. City	State	ZIP Code	19. Interstate Commerce <input type="checkbox"/> Product Shipped <input type="checkbox"/> Product or Raw Materials Received <input type="checkbox"/> N/A		
20. Type of Ownership <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other _____					
21. Owner's Name / Corporate Name (if applicable)			State of Incorporation		
22. Owners' or Officers' Names and Titles			Owners' or Officers' Names and Titles		
23. Facility Square Footage			24. Number of Employees (including yourself)	25. Type of Water Used in Processing <input type="checkbox"/> Not Used <input type="checkbox"/> Municipal Source <input type="checkbox"/> Private Source	
26. Type of Activity (check all that apply) <input type="checkbox"/> M—Manufacturing <input type="checkbox"/> R—Repacking <input type="checkbox"/> W—Warehousing <input type="checkbox"/> X—Salvaging <input type="checkbox"/> Y—Labeling					
27. Commodities / Products: List the food products manufactured, packed or held at your facility (Attach a separate sheet if necessary)					

<p>28. Payment Codes (Check only ONE payment code box, A–M.) Fees are Non-Refundable</p> <p>Warehousing Only (See page 2 for fee schedule and instructions.) OR <input type="checkbox"/> A—\$348.00 <input type="checkbox"/> B—\$405.00 <input type="checkbox"/> C—\$579.00</p> <p>Manufacturing, Repacking, Labeling, or Salvaging (Including Warehousing) <input type="checkbox"/> D—\$348.00 <input type="checkbox"/> E—\$405.00 <input type="checkbox"/> F—\$579.00 <input type="checkbox"/> G—\$811.00 <input type="checkbox"/> H—\$579.00 <input type="checkbox"/> I—\$811.00 <input type="checkbox"/> J—\$985.00 <input type="checkbox"/> K—\$985.00 <input type="checkbox"/> L—\$985.00 <input type="checkbox"/> M—\$985.00</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">MAKE CHECKS PAYABLE TO: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH See Page 2 for Mailing Address.</p> </div> <p>29. <input type="checkbox"/> \$250 Additional Fee (Required for any firm subject to mandatory Seafood or Juice HACCP pursuant to Title 21 CFR Part 120 or 123)</p>	<p>30. Registration Fees</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Registration Fee Due (REQUIRED)</td> <td style="width: 20%; text-align: right;">Enter Each Fee Below \$ _____</td> </tr> <tr> <td>b. Penalty on Registration Fee (1% per month if over 30 days late)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>c. Food Safety Fee (REQUIRED) +</td> <td style="text-align: right;">\$ 100.00</td> </tr> <tr> <td>d. Penalty on Food Safety Fee (10% per month if over 30 days late)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>e. Additional Fee - HACCP (\$250)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>f. Total Payment Due</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	a. Registration Fee Due (REQUIRED)	Enter Each Fee Below \$ _____	b. Penalty on Registration Fee (1% per month if over 30 days late)	\$ _____	c. Food Safety Fee (REQUIRED) +	\$ 100.00	d. Penalty on Food Safety Fee (10% per month if over 30 days late)	\$ _____	e. Additional Fee - HACCP (\$250)	\$ _____	f. Total Payment Due	\$ _____
a. Registration Fee Due (REQUIRED)	Enter Each Fee Below \$ _____												
b. Penalty on Registration Fee (1% per month if over 30 days late)	\$ _____												
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d. Penalty on Food Safety Fee (10% per month if over 30 days late)	\$ _____												
e. Additional Fee - HACCP (\$250)	\$ _____												
f. Total Payment Due	\$ _____												

The Food and Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any changes in the above information as provided by California Health and Safety Code, Section 110475.

By signature, I declare under penalty of perjury that all information provided herein is true and correct.

31. Signature	Date
Printed Name	Print Title

PLEASE DO NOT WRITE BELOW THIS LINE

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Processed Food Registration Application Instructions
Please Type or Print Your Application.

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Processed Food Registration at this location while under the current ownership. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Processed Food Registration for this location and you are renewing that registration. If this firm has changed location or ownership, please submit a new application for registration for the facility.

1. **Name of Firm:** Enter the full name of business, corporation, company, or organization applying for registration.
2. **DBA:** Enter any other name(s) your company is doing business as.
- 3.-5. **Facility Address:** Enter the number, street, city, state, and ZIP code for this facility location.
- 6.-8. **Mailing Address:** Enter the full mailing address if different from the facility address.
9. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
10. **Business Telephone Number:** Enter the daytime business telephone number for your business.
11. **Business FAX Number:** Enter your business FAX number.
12. **24-Hour Emergency Telephone Number:** Enter the telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter the facility e-mail address.
14. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
15. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
16. **Correspondent FAX Number:** Enter the daytime business FAX number of the contact person.
17. **Country:** Enter the country where your facility is located if outside of the United States.
18. **Website:** Enter the website address for this business, if applicable.
19. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
20. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
21. **Corporate Name:** Enter corporate name if applicable. Enter the state of incorporation if applicable.
22. **Owner's or Officer's Names:** List the business owner's or officer's names and titles.
23. **Facility Square Footage:** Enter the square footage of this facility.
24. **Number of Employees:** Enter the number of employees at this facility (including yourself).
25. **Type of Water Used:** Place an (X) in the box adjacent to the type of water used in processing.
26. **Type of Activity:** Place an (X) in the boxes next to each activity that occurs at this facility. Mark all that apply.
27. **Commodities/Products:** List the food products manufactured, packed or held at your facility. (Attach a separate sheet if necessary)
28. **Payment Codes:** The registration fee is based on the type of activity performed at this facility, the size of this facility, and number of employees. Based on the chart below, place an (X) in the correct payment code box on page 1 (**Mark only ONE box, A-M**). **Fees are Non-Refundable.**

Warehousing Only (For Firms Only Holding or Storing Processed Food)

Payment Code	Size of Facility	Fee
A	0-5,000 square feet	\$348.00
B	5,001-10,000 square feet	\$405.00
C	Over 10,000 square feet	\$579.00

Manufacturing, Repacking, Labeling, or Salvaging Processed Foods (Includes Warehousing in Conjunction with These Activities)

Payment Code	Number of Employees (Including Owners)	Size of Facility	Fee
D	0-2	N/A	\$348.00
E	3-5	0-5,000 square feet	\$405.00
F	6-20	0-5,000 square feet	\$579.00
G	More than 20	0-5,000 square feet	\$811.00
H	3-5	Over 5,000 square feet	\$579.00
I	6-20	Over 5,000 square feet	\$811.00
J	21-50	Over 5,000 square feet	\$985.00
K	51-100	Over 5,000 square feet	\$985.00
L	101-200	Over 5,000 square feet	\$985.00
M	201 or more	Over 5,000 square feet	\$985.00

29. **\$250 Additional Fee:** This fee is required for any business that must implement food safety controls under a Seafood HACCP or Juice HACCP plan pursuant to Title 21 CFR Part 120 or 123.
30. a. **Registration Fees:** Enter the fee amount that corresponds with the ONE fee code checked in item 28 on page 1. **Fees are Non-Refundable.**
30. b. **Penalty on Registration:** Include a 1% per month penalty on registration fee due if payment is mailed 30 days or more after due date or expiration date.
30. c. **Food Safety Fee:** Include the \$100 Food Safety Fee, unless this facility is exclusively involved in flour milling, dried bean processing, drying or milling of rice, or has an annual wholesale income of \$20,000 or less. This fee supports the Department's Food Safety Education and Training Program for industry, and is established by statute.
30. d. **Penalty on Food Safety Fee:** Include a 10% per month (\$10) penalty on the Food Safety Fee due if payment is mailed 30 days or more after due date or expiration date.
30. e. **Additional Fee - HACCP \$250:** Include the \$250 additional fee, for any business that is required to operate under a Seafood HACCP or Juice HACCP plan pursuant to Title 21 CFR Part 120 or 123. This supports the Department's review of these mandatory HACCP plans and documentation.
31. **Sign the application, enter date signed, and print your name and title.**

MAKE CHECKS PAYABLE TO:

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

MAIL APPLICATION AND CHECK TO:

Regular Mail: California Department of Public Health
 Food and Drug Branch - Cashier
 P.O. Box 997435, MS 7602
 Sacramento, CA 95899-7435

Overnight Mail: California Department of Public Health
 Food and Drug Branch - Cashier
 1500 Capitol Avenue, MS 7602
 Sacramento, CA 95814

Call the Food and Drug Branch at (916) 650-6516 if you have additional questions about this application.