

PROCESSED FOOD REGISTRATION APPLICATION

(For Processors, Manufacturers, Repackers, and Warehouse of Processed Food)

Incomplete applications will be returned. See Page 2 for Instructions.

NEW APPLICANT RENEWAL APPLICANT

License Number (if not new):

OWNERSHIP CHANGE RELOCATION—Previous Address:

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (Use other sheets as needed)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. City	State	ZIP Code	10. Website (URL)		

11. Interstate Commerce: Product Shipped Product or Raw Materials Received N/A

12. Type of Ownership Individual/Sole Proprietorship Partnership Corporation Limited Liability Company Nonprofit
 Other

13. Owner's Name / Corporate Name (if applicable) State of Incorporation

14. Owners' or Officers' Names and Titles Owners' or Officers' Names and Titles

15. Facility Square Footage 16. Number of Employees (including yourself) 17. Type of Water Used in Processing
 Not Used Municipal Source Private Source

18. Type of Activity (check all that apply) M—Manufacturing R—Repacking W—Warehousing X—Salvaging Y—Labeling

19. Commodities/Products: List food products manufactured, packed, or held at your facility (use separate sheet if necessary)

20. Payment Codes (Check only ONE payment code box A-M)
Warehousing Only (See page 2 for fee schedule) OR
 A-\$398 B-\$463 C-\$661
Manufacturing, Repacking, Labeling or Salvaging (Including Warehousing)
 D-\$398 E-\$463 F-\$661 G-\$926
 H-\$661 I-\$926 J-\$1,125 K-\$1,125
 L-\$1,125 M-\$1,125

21. Registration Fees Enter Each Fee Below

a.) Registration Fee Due (Required)	\$ _____
b.) Penalty of Registration Fee (1% per month if over 30 days)	\$ _____
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)	\$ _____
Total Payment Due	\$ _____

22. \$250 Additional Fee (Required for any firm subject to mandatory Seafood or Juice HACCP pursuant to Title 21 CFR Part 120 or 123)

**MAKE CHECKS PAYABLE TO:
CA DEPARTMENT OF PUBLIC HEALTH
(See Page 4 for Mailing Address)**

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. Under penalties of perjury, I declare that the information included with this application and all attachments are true, correct, and complete. I also give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

23. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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Authorized representatives and/or signatories:

24. Business Operator Name	25. Telephone Number	26. Emergency Number	27. E-Mail Address
28. Correspondent Name	29. Telephone Number	30. Alternate Phone #	31. E-mail Address

-End of Application-

Please note: All boxes must be completed. Incomplete applications will be returned.

Do Not Write Below This Line

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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Instructions for Completing the Processed Food Registration 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 full name of business, corporation, company, or organization applying for licensure.
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 or P.O. Box.
9. **Country:** Enter the country where your facility is located if outside of the United States.
10. **Website:** Enter the website address for your business if applicable.
11. **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.
12. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
13. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
14. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
15. **Facility Square Footage:** Enter the square footage of this facility.
16. **Number of Employees:** Enter the number of employees at this facility (including yourself).
17. **Type of Water used:** Place an (X) in the box adjacent to the type of water used in processing.
18. **Type of Activity:** Place an (X) in the boxes next to each activity that occurs at this facility. Mark all that apply.
19. **Commodities/Products:** List the food products manufactured, packed or held at your facility. (Attach a separate sheet if necessary).
20. **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	\$398
B	5,001-10,000 square feet	\$463
C	Over 10,000 square feet	\$661

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	\$398
E	3-5	0-5,000 square feet	\$463
F	6-20	0-5,000 square feet	\$661
G	More than 20	0-5,000 square feet	\$926
H	3-5	Over 5,000 square feet	\$661
I	6-20	Over 5,000 square feet	\$926
J	21-50	Over 5,000 square feet	\$1,125
K	51-100	Over 5,000 square feet	\$1,125
L	101-200	Over 5,000 square feet	\$1,125
M	201 or more	Over 5,000 square feet	\$1,125

21. Registration Fees:

- a. **Registration Fee Due:** Enter the amount that corresponds with the ONE fee code checked in item 20 on page 1. **Fees are Non-Refundable.**
- 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.
- 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.
- 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.
- e. **Additional Fee-HACCP \$250:** Include the \$250 addition 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.

22. **\$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.

23. **Owner’s Signature, Printed Name, Title, Date:** This section **must** be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.

24. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.

25. **Business Telephone Number:** Enter the daytime business telephone number for your business.

26. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.

27. **Business Operator E-Mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.

28. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
29. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
30. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
31. **Correspondent E-mail Address:** Enter the facility e-mail address.

Please make all checks payable to: <u>CA Department of Public Health</u> Mail Application and checks to:			
Regular Mail:	California Department of Public Health Food and Drug Branch – Cashier MS 7602 P.O. Box 997435 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 (800) 495-3232 if you have additional questions about this application.