

COSMETIC MANUFACTURING REGISTRATION APPLICATION

PLEASE COMPLETE THIS FORM FULLY—INCOMPLETE APPLICATIONS WILL BE RETURNED

See Page 2 for Instructions

NEW APPLICANT RELOCATION OWNERSHIP CHANGE OWNERSHIP AND LOCATION CHANGE RENEWAL

1. Legal Name of Firm			9. Facility Operator (name and title)		
2. DBA (List additional DBAs on separate sheet if necessary.)			10. Facility Telephone Number ()	11. Facility 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. County		18. Country (if other than United States)
7. Mailing Address (continued)			19. Web Site (URL)		
8. City	State	ZIP Code			
20. Type of Ownership: <input type="checkbox"/> Individual/Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/Limited Liability Company <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other: (attach copy of Partnership agreement or Articles of Incorporation)					
21. Corporate Name (if applicable)			State of Incorporation		
22. Owners' or Officers' Names and Titles			Owners' or Officers' Names and Titles (Attach separate sheet if necessary)		
23. <input type="checkbox"/> Size of Facility (square feet): _____ <input type="checkbox"/> Business days and hours: _____ <input type="checkbox"/> Number of Employees at this Facility: _____			24. <input type="checkbox"/> Business License Number: _____ <input type="checkbox"/> Seller's Permit: _____ <input type="checkbox"/> Fictitious Business Name (FBN) <input type="checkbox"/> Yes <input type="checkbox"/> No (attach copy of business license, Seller's Permit and FBN)		

25. Products manufactured at this location (check all that apply): **(If denoted with an asterisk, submit a list of ingredients and labeling exemplars for each product.)**

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| <input type="checkbox"/> Acne products*
<input type="checkbox"/> Antiperspirants*
<input type="checkbox"/> Bath products, i.e., salts, oils
<input type="checkbox"/> Color cosmetic, i.e., eye brow pencils, eyeliner, lipsticks
Halloween makeup
<input type="checkbox"/> Deodorants, i.e., underarm, vaginal
<input type="checkbox"/> Depilatories
<input type="checkbox"/> Eye area products, i.e., products designed exclusively for
sensitive eye area
<input type="checkbox"/> Facial mask
<input type="checkbox"/> Fingernail preparations, i.e., polish, remover, artificial nails | <input type="checkbox"/> Hair care i.e., shampoo, conditioner, coloring agents, relaxers
<input type="checkbox"/> Lubricants, i.e., personal, sexual, massage oil*
<input type="checkbox"/> Oral products, i.e. mouthwash, toothpaste*
<input type="checkbox"/> Perfumes/colognes
<input type="checkbox"/> Skin bleaching, i.e., skin lighteners, age-spot removers*
<input type="checkbox"/> Shaving creams
<input type="checkbox"/> Sunscreen, i.e., any products claiming SPF*
<input type="checkbox"/> Topical dry skin care i.e., pressed powder, talc dusting powder
<input type="checkbox"/> Topical liquid skin care, i.e., moisturizer, toner, astringent
<input type="checkbox"/> Wrinkle cream
<input type="checkbox"/> Other (specify): _____ |
|--|---|

*** ALL APPLICANTS:** In order to receive a Cosmetic Manufacturing Registration from this Department, if you manufacture **ACNE PRODUCTS, ANTIPERSPIRANTS, LUBRICANTS, ORAL PRODUCTS, SKIN BLEACHING PRODUCTS or SUNCREENS**, you must submit a list of ingredients and labeling exemplars for each product manufactured along with this application form, **as you may be required to obtain a Drug Manufacturing License for these products.**

NEW APPLICANTS: In order to receive a Cosmetic Manufacturing Registration from the Department you must submit a copy of the Secretary of State Corporation Name form and Fictitious Name statement (if applicable) with the Cosmetic Manufacturing Registration Application form.

Registration Fee: \$507
(Fee is Non-Refundable)

MAKE CHECKS PAYABLE TO: **CA DEPARTMENT OF PUBLIC HEALTH**
See page 2 for mailing address

The Food & Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any change in the application information per the CA Health & Safety Code, §111805.

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

26. Signature	Printed Name	Title	Date
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PLEASE DO NOT WRITE BELOW THIS LINE.

	Expiration Date			
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COSMETIC MANUFACTURING REGISTRATION APPLICATION INSTRUCTIONS

A separate application is required for each place of business. Please complete and/or amend this application as is most appropriate to your facility. Include the appropriate fee for each application and make payable to: CA DEPARTMENT OF PUBLIC HEALTH. The fee must accompany this application or it cannot be processed. Unsigned or incomplete applications cannot be processed. The following are further instructions on how to complete this application:

New Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for a Cosmetic Manufacturing Registration at this location while under the current ownership. **This registration is non-transferable.** If your firm has changed location, ownership, or both, place an (X) in the appropriate box **and also** in the box next to New Applicant. For any section that does not apply to your company, please indicate with (N/A). **Do not leave any sections blank.**

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. **Facility Operator:** Enter the full name(s) of the person(s) in charge of cosmetic manufacturing at this facility and their title(s).
10. **Facility Telephone Number:** Enter daytime business telephone number of this facility.
11. **Facility FAX Number:** Enter facility FAX number.
12. **24 Hour Emergency Telephone Number:** Enter telephone number to be called in the event of an emergency.
13. **E-mail Address:** Enter 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. **County:** Enter the county where your facility is located.
18. **Country:** Enter the country where your facility is located, if outside of the United States.
19. **Web site:** Enter the web site address for your business, if applicable.
20. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership **and attach required copies.**
21. **Corporate Name:** Enter corporate name if applicable. Enter state of incorporation if applicable. (Attach copy)
22. **Owners' or Officers' Names:** List the business owners' or officers' names and titles. *USE ADDITIONAL SHEETS IF NECESSARY.*
23. **Size of Facility:** Indicate the approximate size (in square feet) of the facility and the approximate number of employees at the facility and list business days and hours.
24. **Business license, Seller's Permit and Fictitious Business Statement (FBN):** Enter business license and Seller's Permit. Place an (X) in the Yes or No box next to FBN **and attach required copies.**
25. **Products Manufactured:** Place an (X) in the box adjacent to each product area that applies to the cosmetic manufactured or to be manufactured, and provide the required labels as indicated. Use additional sheets if necessary.
26. **Sign the application, print your name, print your title, and enter the date.**

MAKE CHECKS PAYABLE TO: **CA DEPARTMENT OF PUBLIC HEALTH**

MAIL APPLICATION AND CHECK 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

** **LICENSE FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE TO OTHER LOCATIONS OR ENTITIES**

The CDPH Food & Drug Branch MUST BE NOTIFIED IMMEDIATELY of any change in the application information as provided by California Health & Safety Code, Section 111805.