REGISTRATION APPLICATION FOR MANUFACTURER, PROCESSOR, REPACKAGER, OR WHOLESALE DISTRIBUTOR OF FOOD, DRUGS, OR COSMETICS

State Form 13054 (R6 / 5-13)
Indiana State Department of Health
Food Protection Program

The following information is required in accordance with Indiana Code (IC) 16-42-1-6:

Date (*month, day, year*): _____

Legal Name of Firm: _____

Doing Business As (DBA): _____ E-mail: _____

Business Telephone: ( ) - Mobile telephone: ( ) - Other: ( ) - Fax: ( ) -

Physical Address: _____
Street City County ZIP Code

Mailing Address: _____
Street City County ZIP Code

Name of Parent Company: _____ Telephone: ( ) -

Mailing Address: _____
Street City County ZIP Code

2. Name of Owner: _____ Telephone: ( ) -

Mailing Address: _____
Street City County ZIP Code

3. Name of Owner: _____ Telephone: ( ) -

Mailing Address: _____
Street City County ZIP Code

Type of Business and Products *(Check the appropriate and list the food products.)*:

☐ Manufacturer / Processor: _____

☐ Repackager: _____

☐ Warehouse / Distributor: _____

Utilities *(check appropriate)*: WATER: ☐ Public ☐ Private SEWAGE: ☐ Public ☐ Private

---

List any other affiliated off-site storage or manufacturing location. Use back if additional space is needed.

Name: _____ Address: _____
Street City ZIP Code

Name: _____ Address: _____
Street City ZIP Code

Name: _____ Address: _____
Street City ZIP Code

_____ Printed Name of Applicant

_____ Signature of Applicant

_____ Title of Applicant

MAIL OR FAX COMPLETED FORM TO:

Indiana State Department of Health
Food Protection Program 5-C
100 N. Senate Ave., N855
Indianapolis, IN 46204
FAX: (317) 233-9200

FOR OFFICE USE ONLY: REGISTRATION NUMBER: _____ CLASSIFICATION: _____