

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

State Form 13054 (R8 / 12-22) Indiana Department of Health Food Protection Division

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

Registration of manufacturer, processor, repackager, or wholesale distributor; maintaining place of business in state Sec. 6. (a) A manufacturer, processor, repackager, or wholesale distributor of food, drugs, or cosmetics who maintains a place of business in Indiana shall file with the state department, upon forms to be furnished by the state department, a written statement of the name and address of the owner, the character of the business, and the business address of each place of business in Indiana. (b) A new place of business for the manufacture, processing, repacking, or wholesale distribution of food, drugs, or cosmetics may not be established in Indiana until the place of business has been registered as provided in this chapter. (c) If ownership of a registered place of business changes, the new owner shall

	usiness before operating the same.			
☐ New Registration: _				
Change of Owner	Estimated Start Date (month, day, year) List Previous Owner:		nated Hours of Operation	Estimated Facility Square Footage
Change of Address	List Previous Address:			
Date (month, day, year)	:			
Legal Name of Establis	hment:			
Doing Business As (DB	A):	I	E-mail:	
Business Telephone: (	Mobile Telephone: (	) -	Other: ()	Fax: ()
Physical Address:	Street	City	County	ZIP Code
Mailing Address:	Q	G':		7TD 0. 1
	Street	City	County	ZIP Code
Owner Name:				
Mailing Address:	Street	City	County	ZIP Code
				ZIF Code
Type of Business and P	roducts: (Check the appropriate type(s)	and list the food	products.):	
☐ Manufactı	ırer / Processor	☐ Wareh	ouse/Distributor	Other:
Products:				
Utilities (Check the app		☐ Private ☐ Private		
	off-site storage or manufacturing location	on(s). Use back	of form if additional space i	s needed.
Name	Street	City	County	ZIP Code
	ee to abide by the requirements contained Code 7-21 and other applicable state and			tation Requirements Title 410
Printed Applicant	Name			
Applicant Signature		Applicant Title		
MAIL OR FAX COM INDIANA DEPARTMI FOOD PROTECTION	ENT OF HEALTH			

2 North Meridian Street Indianapolis, IN 46204

Fax: (317) 233-9200

COD OFFICE LICE ONLY	DECICED ACION MILLADED	DICK CATECODY
HOR OBBIG BILSE ONLY:	REGISTRATION NUMBER:	RISK CATEGORY: