



**REGISTRATION APPLICATION FOR
MANUFACTURER, PROCESSOR, REPACKAGER,
OR WHOLESALE DISTRIBUTOR OF HUMAN FOOD**

State Form 13054 (R9 / 2-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION

- INSTRUCTIONS:**
1. ALL FIRMS MUST REGISTER WITH THE DEPARTMENT AT LEAST THIRTY (30) DAYS PRIOR TO OPERATION.
 2. FIRM MUST COMPLY WITH ALL INDIANA WHOLESALE FOOD ESTABLISHMENT SANITATION REQUIREMENT (410 IAC 7-21).
 3. UPON COMPLETION OF THE REVIEW PROCESS, A LETTER OF APPROVAL AND A REGISTRATION CERTIFICATE WILL BE ISSUED. IF ADDITIONAL INFORMATION IS REQUIRED, A REPRESENTATIVE FROM THE INDIANA WHOLESALE FOOD PROGRAM WILL REACH OUT. PLEASE NOTE THAT THE REVIEW OF THIS APPLICATION MAY TAKE UP TO 30 DAYS.
 4. THERE ARE NO REGISTRATION FEES.

New Registration Change of Ownership Change of Address Change of Legal Name

Date of application (mm/dd/yyyy): _____ Expected date of operation: (mm/dd/yyyy): _____

Legal Name of Establishment: _____ Email address: _____

Doing Business As (DBA): _____ Web address: _____

IN Business ID Number*: _____ FEIN number: _____

Owner Name: _____ Main Contact Person Name: _____

Previous Owner Name (if applicable): _____

Business Telephone: () _____ Mobile Telephone: () _____

Other: () _____ Fax: () _____

Physical Address: _____
Street City County ZIP-code

Mailing Address: _____
Street City County ZIP-code

Utilities (Check the appropriate): Water: Public Private Sewage: Public Private

List all off-site storage or manufacturing location(s). (Attach a separate document if additional space is needed)

Name	Street	City	County	ZIP Code

Is this establishment affiliated with other business? No Yes Name: _____

Affiliated company Address: _____
Name Street City County ZIP Code

Main contact Person's Name: _____

Business Telephone: () _____ Mobile Telephone: () _____

Email address: _____

* Visit the Indiana Secretary of State Business Registration site for more information on registration requirements

FOR OFFICE USE ONLY

REGISTRATION NUMBER:		RISK CATEGORY:	
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Name of the person in charge of Food Safety: _____

Business Telephone: (____) _____ Mobile Telephone: (____) _____

Email address: _____

Do you have a Preventative Controls Qualified Individual (PCQI): No Yes

Name of the person in charge of Food Emergency incidents (e.g. Outbreak, Recall etc): _____

Business Telephone: (____) _____ Mobile Telephone: (____) _____

Email address: _____

Type of Business and Products: *(Check all applicable and list all food products. Attach additional pages as needed):*

- Manufacturer / Processor Repacker Warehouse/Distributor Retail Restaurant
 Home Based Vendors Import Other: _____

Products: _____

Is this business inspected by the following:

- FDA USDA IN Board of Animal Health IN Egg Board
 Local Health Department (County): _____ Other: _____

Specialty foods produced on-site (check all applicable):

- Acidified Food (21CFR114) Low Acid Canned Foods (21CFR113) Juice HACCP (21CFR120)
 Seafood HACCP (21CFR123) Bottled Water (21CFR129 & 165) Other: _____

Estimated annual gross food sales:

- Less than \$1,000,000 Between \$1,000,000 and \$10,000,000 Greater than \$10,000,000

Business yet to be established

I (the applicant) swear or affirm that all information in this application is true and correct. I agree to abide by the requirements contained in the Wholesale Food Establishment Sanitation Requirements Title 410 Indiana Administrative Code 7-21 and other applicable state and federal regulations. This includes notifying the Indiana Health Department if any of the above information has been changed

Printed Applicant Name

Applicant Signature

Applicant Title

MAIL OR FAX COMPLETED FORM TO:
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISION
2 North Meridian Street
Indianapolis, IN 46204
Fax: (317) 233-9200

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REGISTRATION NUMBER:	_____	RISK CATEGORY:	_____
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