

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 10/22/2024 23:06:33

Created Date
2022-10-08 00:24:42.0

Created by
jin7982

Registration Expiration Date
2026-12-31

Registration Renewed Date
2024-10-22

Last Updated
2024-10-22

Registration Status Reason
Accepted UFI

Registration Status
VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Are you a fishing vessel engaged in processing (21 CFR 1.226(f))?

Yes No

Section 1: Type of Registration

Facility Location : **Foreign Registration**

UPDATE OF REGISTRATION INFORMATION: *Registration Number:* **12942839006** *Pin No* **73HEfc0C**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:
Previous Owner's Name :
Previous Owner's Registration Number :

Section 2: Facility Name/Address Information

Facility Name
JINING FENDUNI FOODSTUFF CO.,LTD.

Telephone Number
086 537 2179277

Facility Name Suffix
Limited Company

Fax Number

Facility Street Address, Line 1
ROOM 1516,D AREA,JINING YUNHECHENG COMMERCIAL CENTRE

E-Mail Address
annie@china-garlic.com

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
529254412

City
Jining

State/Province/Territory
Shandong

Zip/Postal Code
272000

Country/Area
CHINA

Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? Yes

Name JINING FENDUNI FOODSTUFF CO.,LTD.	Telephone Number 086 537 2179277
Address, Line 1 ROOM 1516,D AREA,JINING YUNHECHENG COMMERCIAL CENTRE	Fax Number
Address, Line 2	E-Mail Address annie@china-garlic.com
City Jining	
State/Province/Territory Shandong	
Zip Code (Postal Code) 272000	
Country/Area CHINA	

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
 Same as Preferred Mailing Address (Section 3)
 None of the above

Company Name JINING FENDUNI FOODSTUFF CO.,LTD.	Telephone Number 086 537 2179277
Company Name Suffix Limited Company	Fax Number
Address, Line 1 ROOM 1516,D AREA,JINING YUNHECHENG COMMERCIAL CENTRE	E-Mail Address annie@china-garlic.com
Address, Line 2	
City Jining	
State/Province/Territory Shandong	
Zip Code (Postal Code) 272000	
Country/Area CHINA	

Section 5: Facility Emergency Contact Information

If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
 Same as U.S. Agent Information (Section 7)
 None of the above

Individual's Title (Optional)	Emergency Contact Phone 001 206 8900791
Individual's Name (Optional) Steve	E-mail Address 3820209000@163.com
Individual's Middle Name (Optional)	Job Title (Optional)
Individual's Last Name (Optional) chen	

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

Yes No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name **Steve** Telephone Number **206 8900791**
 Middle Name (Optional) Emergency Contact Phone **206 8900791**
 Last Name **chen** Fax Number
 Title (Optional) E-Mail Address **3820209000@163.com**
 Address, Line 1 **17521 Railroad St**
 Address, Line 2
 City **City Industry**
 State/Province/Territory **California**
 Zip Code (Postal Code) **91748**
 Country/Area **UNITED STATES**

Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1 Start Month End Month
 Harvest 2 Start Month End Month

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37.	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Processor	Low-Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]													

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37.	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Processor	Low-Acid Food Processor	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
a. Fresh Cut Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Raw Agricultural Commodities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - U.S. Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge : JINING FENDUNI FOODSTUFF CO.,LTD.

Address, Line 1
ROOM 1516,D AREA,JINING YUNHECHENG COMMERCIAL CENTRE

Telephone Number
086 537 2179277

Address, Line 2

Fax Number

City
Jining

E-Mail Address
annie@china-garlic.com

State/Province/Territory
Shandong

Zip Code (Postal Code)
272000

Country/Area
CHINA

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information submitted is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: JINING FENDUNI FOODSTUFF CO.,LTD.

CHECK ONE BOX

- A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)**
- B. ANOTHER AUTHORIZED INDIVIDUAL**

Address Information for the Authorizing Individual:

Individual's Name
-N/A-

Telephone Number
-N/A-

Address, Line 1
-N/A-

Fax Number
-N/A-

Address, Line 2
-N/A-

E-Mail Address
-N/A-

City
-N/A-

State/Province/Territory
-N/A-

Zip Code (Postal Code)
-N/A-

Country/Area
-N/A-