

**COSMETIC MANUFACTURING REGISTRATION APPLICATION**  
**Incomplete applications will be returned. See Page 3 for Instructions.**

License Number (if not new):

- NEW APPLICANT**       **RENEWAL APPLICANT**  
 **OWNERSHIP CHANGE**     **RELOCATION**—Previous Address:

**Type of Registration:**     **Conventional**     **Industrial Hemp (IH) (Attach [CDPH 8678 IH](#))**     **Both (Attach [CDPH 8678 IH](#))**

1. Name of Firm			6. Mailing Address (if different or P.O. Box number)		
2. DBA (Use other sheets as needed)			7. Mailing Address (continued)		
3. Facility Address (number, street)			8. City	State	ZIP Code
4. Facility Address (continued)			9. Country (if other than United States)		
5. City	State	ZIP Code	10. Website (URL)		

11. Type of Ownership  
 Individual/Sole Proprietorship     Partnership     Corporation     Limited Liability Company     Nonprofit  
 Other:

12. Owner's Name / Corporate Name (if applicable)	State of Incorporation
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13. Owners' or Officers' Names and Titles	Owners' or Officers' Names and Titles
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14. Business Information: Size of facility (square feet): _____ Business days and hours: _____ Number of Employees at this Facility: _____	15. Business License/Permit/Name Information Business License Number: _____ Seller's Permit: _____ Fictitious Business Name (FBN) <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach a copy of business license, Seller's Permit and FBN)
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16. 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"/> <b>Acne Products*</b><br><input type="checkbox"/> <b>Antiperspirants*</b><br><input type="checkbox"/> Bath Products, i.e., salts, oils<br><input type="checkbox"/> Color cosmetic, i.e., eyebrow pencils, eyeliner, lipsticks, Halloween makeup<br><input type="checkbox"/> Deodorants, i.e., underarm, vaginal<br><input type="checkbox"/> Depilatories<br><input type="checkbox"/> Eye area products, i.e., products designed exclusively for sensitive eye areas<br><input type="checkbox"/> Facial mask<br><input type="checkbox"/> Fingernail preparations, i.e., polish, remover, artificial nails | <input type="checkbox"/> Hair Care i.e., shampoo, conditioner, coloring agents, Relaxers<br><input type="checkbox"/> <b>Lubricants, i.e., personal, sexual, massage oil*</b><br><input type="checkbox"/> <b>Oral products, i.e., mouthwash, toothpaste*</b><br><input type="checkbox"/> Perfumes/colognes<br><input type="checkbox"/> <b>Skin bleaching, i.e., skin lighteners, age-spot removers*</b><br><input type="checkbox"/> Shaving creams<br><input type="checkbox"/> <b>Sunscreen, i.e., any products claiming SPF*</b><br><input type="checkbox"/> Topical dry skin care i.e., pressed powder, talc dusting Powder<br><input type="checkbox"/> Topical liquid skin care, i.e., moisturizer, toner, astringent<br><input type="checkbox"/> Wrinkle cream<br><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.

17. Registration Fee:	<b>\$ 698.00</b>
18. IH Authorization Fee (See <a href="#">CDPH 8678 IH</a> )	<b>\$</b>
19. Total Fees: (Fee is Non-Refundable)	<b>\$</b>

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

See Page 4 for Mailing Address.

The Food and Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any changes in the application information per the California Health and Safety Code, Section 111805. Under penalties of perjury, I declare that the information included with this application and all attachments are true, correct, and complete. I also give permission for the below authorized representatives and/or signatories to speak about the application with CDPH.

20. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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***Authorized representatives and/or signatories:***

21. Business Operator Name	22. Telephone Number	23. Emergency Number	24. E-Mail Address
25. Correspondent Name	26. Telephone Number	27. Alternate Phone #	28. E-mail Address

**-End of Application-**

**Please note: All boxes must be completed. Incomplete applications will be returned.**

**Do Not Write Below This Line**

License Number	Expiration Date	Date Received	Payment Type	Amount \$
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## Instructions for Completing the Cosmetic Manufacturing Registration Application

**New Applicant/Renewal 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. Place an (X) in the box next to Renewal Applicant if your firm has already obtained a Cosmetic Manufacturing Registration for this location and you are renewing that license. If this firm has changed location or ownership, please submit a new application for licensure of that facility. Place an (X) in the box next to Type of Registration (Conventional, Industrial Hemp (IH) or Both).

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. **Country:** Enter the country where your facility is located if outside of the United States.
10. **Website:** Enter the website address for your business if applicable.
11. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
12. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
13. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
14. **Business Information:** 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.
15. **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.**
16. **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.
17. **Registration Fee:** This fee is required for any business that applies for cosmetics registration.
18. **IHEO Authorization Fee:** Enter the Industrial Hemp Enrollment and Oversight (IHEO) Authorization fee (See [CDPH 8678 IH](#)).
19. **Total Fees:** Enter the total amount due by adding the fees in 17 and 18.
20. **Owner's Signature, Printed Name, Title, Date:** This section **must** be signed by the majority owner of the business to authorize not only the application, but the representatives and/or signatories whom they authorize to speak on behalf of the firm.
21. **Business Operator:** Enter the full name of the person who manages the operations of your business and their title.
22. **Business Telephone Number:** Enter the daytime business telephone number for your business.
23. **24-Hour Emergency Contact Number:** Enter the phone number where the firm may be reached in the event of an emergency.

- 24. **Business Operator E-mail Address:** Enter the e-mail address of the business operator, or the main company e-mail box.
- 25. **Correspondent:** Enter the name of the person to contact for information regarding this application and their title.
- 26. **Correspondent Telephone Number:** Enter the daytime business telephone number of the contact person.
- 27. **Correspondent Alternate Phone #:** Enter the correspondent's alternate number or another number that can be called for information.
- 28. **Correspondent E-mail Address:** Enter the facility e-mail address.

Please make all checks payable to: <b>CA Department of Public Health</b> Mail Application and checks 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

**Call the Food and Drug Branch at (800) 495-3232 if you have additional questions about this application.**