

ORGANIC PROCESSED PRODUCT 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:

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. Interstate Commerce: Product Shipped Product or Raw Materials Received N/A

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

13. Owner's Name / Corporate Name (if applicable) State of Incorporation

14. Owners' or Officers' Names and Titles Owners' or Officers' Names and Titles

15. Organic Product Type Human Food Cosmetic/Personal Care Products Pet Food **Warehousing Only**

16. Check here if you are using a registered co-packer to make/pack your organic products.
 Co-packer's company name: Co-packer's CDPH-FDB registration number (if applicable):

17. **Required:** Annual gross sales or revenue from processing/handling organic processed products at this facility. If you are a new applicant, provide an estimate: \$

18. Certification organization(s) or government entities certifying these product(s) as organic (attach additional sheets if necessary)
 Exempt from certification, reason:

Certifier Name	Address (Number, Street)	City	State	Zip Code
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19. Payment Codes (Check only ONE payment code box A-I) Handler (See page 3 for fee schedule) <input type="checkbox"/> A-\$50 <input type="checkbox"/> B-\$100 <input type="checkbox"/> C-\$200 <input type="checkbox"/> D-\$300 <input type="checkbox"/> E-\$400 <input type="checkbox"/> F-\$500 <input type="checkbox"/> G-\$600 <input type="checkbox"/> H-\$700 Broker (person who does not take possession or title of the product-only arranges for its sale): <input type="checkbox"/> I-\$100	20. Registration Fees Enter each fee below Registration Fee Due \$ _____ Penalty of Registration Fee (1.5% per month if over 30 days) \$ _____ Total Payment Due \$ _____
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Authorized representatives:

21. Business Operator Name	Telephone Number	Emergency Number	E-Mail Address
22. Correspondent Name	Telephone Number	Alternate Phone Number	E-mail Address

CDPH-FDB Use Only:

License No.	Expiration Date	Date Received	Payment Type	Amount \$
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Check all That Apply (23)	Code	REQUIRED- IF LEFT BLANK APPLICATION WILL BE DENIED Commodity (Finished Products Only)	Total Qty Handled (24)	Total Qty Brokered (25)	Check applicable unit of measure
	10	Soft Drinks. Carbonated and Noncarbonated: Water			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	20	Beverage Bases. Liquid and Dry			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	30	Coffee and Tea			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	40	Alcoholic and Malt Beverages. Wines. Distilled Liquor			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	50	Bread. Rolls. Buns. Sweet Goods. and Crackers			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	60	Custard and Cream-filled Sweet Goods			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	70	Macaroni and Noodle Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	80	Breakfast Cereals. Ready to Eat			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	90	Whole Grain and Beans. Bulk			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	100	Pretzels. Chips. Tortillas. and Specialty Items			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	110	Processed Grains and Starch Products for Human Use			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	120	Prepared Mixes (Flour or Meal Based) Dry			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	130	Candy. Chewing Gum. Chocolate and Cocoa Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	140	Syrups. Sugars. Honey			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	150	Butter and Butter Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	160	Cheese and Cheese Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	170	Fluid Milk and Fluid Milk Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	180	Dried Milk and Dried Milk Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	190	Ice Cream and Related Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	200	Eggs and Egg Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	240	Spices and Salt			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	250	Extracts and Flavors			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	260	Dressings and Condiments			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	270	Fresh Fruits and Juices			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	280	Frozen Fruits and Juices			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	290	Canned Fruits. Juice Concentrates. and Nectars			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	300	Dried Fruits			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	310	Jams. Jellies. Preserves. and Butters			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	320	Fruit Products including Olives			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	330	Animal Feeds			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	340	By-Products for Animal Feeds			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	350	Meat and Meat Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	360	Nuts and Nut Products			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	370	Vegetable Oil Seed. Oil Stock. and Crude Oil			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	380	Refined Vegetable Oil/Shortening and Margarine			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	390	Fresh Vegetables			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	400	Frozen Vegetables and Juices			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	410	Canned Vegetables and Juices			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	420	Dried and Dehydrated Vegetables			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	430	Cured and Processed Vegetable Products. Tofu			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	440	Dry Dessert and Pudding Mixes			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	450	Multiple Foods. Pre-packaged Meals. Frozen Dinners			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	460	Miscellaneous Food Use Items. Ice			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	470	Multiple Food Warehouse			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	480	Food Chemicals			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	490	Infant. Junior. and Geriatric Foods			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	500	Miscellaneous Dietary Food Items. Specialties.			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	550	Vitamins. Other Nutritional Supplements			<input type="checkbox"/> lbs <input type="checkbox"/> gal
	910	Cosmetics			<input type="checkbox"/> lbs <input type="checkbox"/> gal

The Food and Drug Branch **MUST BE NOTIFIED IMMEDIATELY** of any changes in the above information as provided by California Health and Safety Code, Section 112750. Under penalties of perjury, I, The Owner, 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.

26. Owner's Signature	Owner's Printed Name	Title OWNER/	Date
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Instructions for Completing the Organic Processed Product Registration Application

New Applicant/Renewal Applicant: Place an (X) in the box next to New Applicant if your firm has not previously applied for an Organic Processed Product Registration at this location while under the current ownership. Place an (X) in the box to Renewal Applicant if your firm has already obtained an Organic Processed Product Registration for this location and you are renewing that registration. If this firm has changed location or ownership, please submit a new application for registration for the facility.

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. **Interstate Commerce:** Place an (X) in the boxes that correctly describe your business' receipt or distribution of products or materials through or into interstate commerce.
12. **Type of Ownership:** Place an (X) in the box next to the appropriate legal description of the facility's ownership.
13. **Owner's Name/Corporate Name:** Enter the owner's name here or (if applicable) the name of the corporation.
14. **Owners' or Officers' Names and Titles:** List the business owners' or officers' names and titles.
15. **Product Type:** Place an (X) in the box adjacent to the types of product(s) that your firm handles. Check all that apply.
16. **Using a Co-packer:** Place an (X) in this box if you are using another registered firm to co-pack (process, package, or store) your organic products and provide the firm name and registration number.
17. **Annual Gross Sales or Revenue:** This information will remain CONFIDENTIAL. Enter the total annual gross sales received from the sale of organic processed product commodities or total revenue received for processing/handling organic products at this facility. Use the most recent 12-month period for which you have records, or if none available, enter the projected gross revenue for the 12 months following the date of the registration application.
18. **Certification Organizations:** Enter the name(s) and addresses of certification organizations or government entities certifying these product(s) as organic. If none, leave blank. If exempt from certification, check the box.

19. Payment Codes:

Gross Annual Sales or Revenue	Annual Fee	Gross Annual Sales or Revenue	Annual Fee
A. \$0-\$5,000	\$50	E. \$250,001-\$500,000	\$400
B. \$5,001-\$50,000	\$100	F. \$500,001-\$1,500,000	\$500
C. \$50,001-\$125,000	\$200	G. \$1,500,001-\$2,500,000	\$600
D. \$125,001-\$250,000	\$300	H. \$2,500,001 and above	\$700
		I. Broker Only	\$100

20. **Registration Fee Due:** Enter the amount checked under item 19 on the amount due line (a). Fees are non-refundable.

21. **Business Operator:** Enter the full name of the person and contact information for who manages the operations of your business and their title.
22. **Correspondent:** Enter the contact information for the correspondent regarding this application and their title.
23. **Processed Product Commodity Codes:** Review the Processed Product Commodity Code list, locate the code number of each **organic** processed product commodity processed or handled at this facility and place an (X) in the column next to the commodity number. Commodities listed must be finished products, not ingredients contained in products.
24. **Total Quantity of Each Processed Commodity Handled at This Facility:** This information will remain **CONFIDENTIAL**. Enter the total quantity and select unit of measure for each finished product processed commodity that is **Sold as Organic** and annually handled and/or processed at this facility. A food is **Sold as Organic** if the food, or one or more of its ingredients, is claimed to be organic. Use the most recent 12-month period for which you have records, or if none available, enter the projected quantity to be handled in the 12 months following the date of registration.
25. **Total Quantity of This Product Brokered:** This information will remain **CONFIDENTIAL**. Enter the quantity and select the applicable unit of measure of this organic product commodity that was arranged for sale, although never taken into possession or control by the broker.
26. **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.

Please make all checks payable to: <u>CA Department of Public Health</u>			
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.