

FDA

U.S. Food and Drug Administration
Food Facility Registration

Date: 08/09/2024 7:19:39

Please review the registration.

Created Date

2019-08-08 14:38:21.0

Registration Renewed Date

2022-10-27

Registration Expiration Date

2024-12-31

Last Modified by

reg79386

Last Updated

2024-01-03

Last Modified by Company

ITALTOM SRL ENUNCIABILE ITALTOM SRL

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

FACILITY REGISTRATION NUMBER 10908791760

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 ITALTOM SRL ENUNCIABILE ITALTOM SRL	Telephone Number 039 053 2315411
Facility Name Suffix Other	Fax Number 039 053 2318399
Facility Name Suffix Other SRL	E-Mail Address stefania.ottaviani@italtom.it
Facility Street Address, Line 1 VIA ANTONIO DALLE VACCHE 1	Unique Facility Identifier (UFI) 438884008
Facility Street Address, Line 2	
City ARGENTA	
State/Province/Territory Ferrara	
Zip/Postal Code 44011	
Country/Area ITALY	

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 ITALTOM SRL ENUNCIABILE ITALTOM SRL	Telephone Number 039 053 2315411
Address, Line 1 VIA ANTONIO DALLE VACCHE 1	Fax Number 039 053 2318399
Address, Line 2	E-Mail Address stefania.ottaviani@italtom.it
City ARGENTA	
State/Province/Territory Ferrara	
Zip Code (Postal Code) 44011	
Country/Area ITALY	

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

Steriltom SRL

Telephone Number

039 052 3789811

Company Name Suffix

Other

Fax Number

039 052 3788323

Company Name Suffix Other

SRL

E-Mail Address

qualita@steriltom.com

Address, Line 1

Via Farnesiana, 5

Address, Line 2

City

Piacenza

State/Province/Territory

Piacenza

Zip Code (Postal Code)

29122

Country/Area

ITALY

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)*

Individual's Name *(Optional)*

Stefania

Emergency Contact Phone

039 339 6861653

Individual's Middle Name *(Optional)*

E-mail Address

stefania.ottaviani@italtom.it

Individual's Last Name *(Optional)*

Ottaviani

Job Title *(Optional)*

Quality Manager

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)

U.S. Agent ID

USID1095970

Telephone Number

757 2240177

Name

Registrar Corp

Emergency Contact Phone

802 3728842

Address, Line 1

144 Research Drive

Fax Number

757 2240179

Address, Line 2

E-Mail Address

agent@registrarcorp.com

City

Hampton

State/Province/Territory

Virginia

Zip Code (Postal Code)

23666

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)]													
c. Other Vegetable and Vegetable Products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<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

Address, Line 1

VIA ANTONIO DALLE VACCHE 1

Telephone Number

039 053 2315411

Address, Line 2

Fax Number

039 053 2318399

City

ARGENTA

E-Mail Address

stefania.ottaviani@italtom.it

State/Province/Territory

Ferrara

Zip Code (Postal Code)

44011

Country/Area

ITALY

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 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 FORM: Serena Plaza, an employee of Registrar Corp

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:

☒ Same as Section 10

Individual's Name

Stefania Ottaviani

Telephone Number

039 053 2315411

Address, Line 1

VIA ANTONIO DALLE VACCHE 1

Fax Number

039 053 2318399

Address, Line 2

E-Mail Address

stefania.ottaviani@italtom.it

City

ARGENTA

State/Province/Territory

Ferrara

Zip Code (Postal Code)

44011

Country/Area

ITALY