



Date:12/12/2024 10:23:54

Created Date

2003-11-28 05:41:22.0

Registration Expiration Date

2026-12-31

Last Updated

2024-12-12

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: 17088219770 Pin No [C@5f1aa4

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

Cie Francaise de Chocolaterie & Confiserie

Facility Name Suffix

Company

Facility Street Address, Line 1

Rue du Pont de PEage

Facility Street Address, Line 2

City

GEISPOLSHEIM

State/Province/Territory

Grand Est

Zip Code (Postal Code)

67118

Country/Area

FRANCE

Created by

cie45672

Registration Renewed Date

2024-12-12

Registration Status Reason

Biennial Registration Renewal - 2022

Telephone Number

033 3 88550400

Fax Number

033 3 88550410

E-Mail Address

p.jost@salpa.fr

Unique Facility Identifier (UFI)



### 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)? No

Name	Telephone Number
<b>Cie Francaise de Chocolaterie &amp; Confiserie</b>	<b>033 3 88550400</b>
Address, Line 1	Fax Number
<b>Rue du Pont de PEage</b>	<b>033 3 88550410</b>
Address, Line 2	E-Mail Address
	<b>p.jost@salpa.fr</b>
City	
<b>GEISPOLSHEIM</b>	
State/Province/Territory	
<b>Grand Est</b>	
Zip Code (Postal Code)	
<b>67118</b>	
Country/Area	
<b>FRANCE</b>	

### 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	Telephone Number
<b>Cie Francaise de Chocolaterie &amp; Confiserie</b>	<b>033 3 88550400</b>
Company Name Suffix	Fax Number
	<b>033 3 88550410</b>
Address, Line 1	E-Mail Address
<b>Rue du Pont de PEage</b>	<b>p.jost@salpa.fr</b>
Address, Line 2	
City	
<b>GEISPOLSHEIM</b>	
State/Province/Territory	
<b>Grand Est</b>	
Zip Code (Postal Code)	
<b>67118</b>	
Country/Area	
<b>FRANCE</b>	

### 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

**001 203 6291828**

Individual's Name (Optional)

E-Mail Address

**A.T.C. LLC**

**claudia@atcllc.org**

Individual's Middle Name (Optional)

Job Title (Optional)

Individual's Last Name (Optional)

## 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)

Name

Telephone Number

**A.T.C. LLC**

**203 6291828 null**

Address, Line 1

Emergency Contact Phone

**73 Arch St**

**203 6291828**

Address, Line 2

City

**Greenwich**

E-Mail Address

State/Province/Territory

**claudia@atcllc.org**

**Connecticut**

Zip Code (Postal Code)

**06830**

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 Process or	Low-Acid Food Process or	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)
8. CHOCOLATE AND COCOA PRODUCTS <sup>(2)</sup> CFR 170.3 (n) (3), (9), (38), (43)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 - US Agent Address Information

☐ None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Guy TREGUER - CEO -

Address, Line 1

Rue du Pont de PEage

Address, Line 2

City

GEISPOLSHEIM

State/Province/Territory

Grand Est

Zip Code (Postal Code)

67118

Country/Area

FRANCE

Telephone Number

033 3 88550400

Fax Number

033 3 88550410

E-Mail Address

p.jost@salpa.fr

**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 RENEWAL:** PASCALE JOST

### 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

**GUY TREGUER**

Telephone Number

**033 388 550421**

Address, Line 1

**Rue du Pont de Peage**

Fax Number

**033 388 550410**

Address, Line 2

E-Mail Address

**gtreguer@schaal-chocolatier.com**

City

**GEISPOLSHEIM**

State/Province/Territory

**Grand Est**

Zip Code (Postal Code)

**67118**

Country/Area

**FRANCE**