

FDA | U.S. Food and Drug Administration

Food Facility Registration

Date: 11/03/2023 7:02:22

Created Date
2023-10-30 07:40:19.0

Created by
fin44796

Registration Expiration Date
2024-12-31

Registration Renewed Date

Last Updated
2023-11-03

Registration Status Reason
Initial registration

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:* **16321242018** *Pin No* **xCF0Fx9f**

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
IL PANARO FOOD SRL

Telephone Number
039 0722 333098

Facility Name Suffix
Company

Fax Number
039 0722 331916

Facility Street Address, Line 1
VIA PASQUALE MAZZACCHERA, 7

E-Mail Address
ordini@ilpanaro.it

Facility Street Address, Line 2

Unique Facility Identifier (UFI)
437413924

City
URBINO

State/Province/Territory
Pesaro e Urbino

Zip/Postal Code
61029

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

IL PANARO FOOD SRL

Telephone Number

039 0722 333098

Address, Line 1

VIA PASQUALE MAZZACCHERA, 7

Fax Number

039 0722 331916

Address, Line 2

E-Mail Address

ordini@ilpanaro.it

City

URBINO

State/Province/Territory

Pesaro e Urbino

Zip Code (Postal Code)

61029

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

IL PANARO FOOD SRL

Telephone Number

039 0722 333098

Company Name Suffix

Company

Fax Number

039 0722 331916

Address, Line 1

VIA PASQUALE MAZZACCHERA, 7

E-Mail Address

ordini@ilpanaro.it

Address, Line 2

City

URBINO

State/Province/Territory

Pesaro e Urbino

Zip Code (Postal Code)

61029

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)
mrs

Emergency Contact Phone
001 702 5610671

Individual's Name (Optional)
Anna

E-mail Address
bellaitalia817@yahoo.com

Individual's Middle Name (Optional)
R

Job Title (Optional)

Individual's Last Name (Optional)
Sidoli

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 a

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 F

First Name
Anna

Telephone Number
517 3766096

Middle Name (Optional)
R

Emergency Contact Phone
702 5610671

Last Name
Sidoli

Fax Number

Title (Optional)
mrs

E-Mail Address
bellaitalia817@yahoo.com

Address, Line 1
316 Cimarron, Dr

Address, Line 2

City
Howell

State/Province/Territory
Michigan

Zip Code (Postal Code)
48855

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	Pack Repac
3. BAKERY PRODUCTS, DOUGH MIXES, OR ICINGS [21 CFR 170.3 (n) (1), (9)]	<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 checked="" type="checkbox"/>	<input checked="" 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

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 : **Monia Moretti**

Address, Line 1
Via Pasquale Mazzacchera, 7

Telephone Number
039 0722 333098

Address, Line 2

Fax Number
039 0722 331916

City
Urbino

E-Mail Address
m.moretti@ilpanaro.it

State/Province/Territory
Pesaro e Urbino

Zip Code (Postal Code)
61029

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

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 above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form t the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individ operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1 materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION FORM: Stefania Rondinara

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

DAVIDE ROSSI

Telephone Number

039 320 4857690

Address, Line 1

VIA ALONZO, 24

Fax Number

E-Mail Address

davide.dott.rossi@gmail.com

Address, Line 2

City

FOLLONICA

State/Province/Territory

Grosseto

Zip Code (Postal Code)

58022

Country/Area

ITALY